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FINAL EVALUATION
NATIONAL AIDS STRATEGY - PHASE II

RESEARCH REPORT #1
PANEL STUDY OF STAKEHOLDERS
WAVE II

August 1997

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WAVE II

Evaluation Group

Strategic Planning and Review Directorate

Policy and Consultation Branch

Health Canada

August 26, 1997

EVALUATION OF THE NATIONAL AIDS STRATEGY PHASE II

PANEL STUDY OF STAKEHOLDERS

August 26, 1997

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Note: The cooperation and participation of all panellists, as well as all those individuals contacted during the course of this study is gratefully acknowledged.

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This panel study of non-government stakeholders was carried out as one component of the final evaluation of the National AIDS Strategy- Phase II.

This document has been prepared by Brighton Research. The analysis, summary of findings and observations in this document are those of Brighton Research and do not necessarily reflect the views or policies of Health Canada or the Government of Canada.

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A. INTRODUCTION

The background and purpose of this panel study were summarized in a Health Canada document setting the stage for this work to be done. That document notes that in March 1993, Cabinet approved more than $200 million for Phase II of the National AIDS Strategy (NAS II), to be spent over five years beginning in April 1993. NAS II is a collective effort of more than a dozen separate federal components contributing to the achievement of shared goals to respond to the epidemic. These targets include working to stop the spread of HIV; providing care, treatment and support for persons living with HIV/AIDS; and searching for effective vaccines, drugs and therapies. Phase II of the National AIDS Strategy includes an additional goal which emphasizes evaluating all programs and projects to ensure that each is accountable for achieving its goals and managing its resources effectively.

The Strategy involves partnerships among government organizations and non-government organizations at many levels. Because the partnership approach has been taken, the success of the Strategy depends on how effectively government and non-government stakeholders worked together, and how effectively their joint efforts were coordinated.

Health Canada made a commitment to carry out a mid-term review of NAS II to assess if the Strategy was on target, and to identify if any mid course corrections were required. The mid-term review was conducted in 1995. The results of the mid-term review panel study (Wave 1) were released in a document dated January, 1996.

The focus of this panel study is an assessment of the implementation, coordination, and balance of the Strategy, and the information provided through the Strategy in terms of its availability, quality, dissemination, usefulness and use. This panel study information was designed to be used to help manage the Strategy and to be part of an end-term evaluation of the Strategy.

The panel study was designed to obtain the views and perceptions of non-government stakeholders regarding the responsiveness and success of the Strategy over time, and to supplement information from various government sources. This second wave of the panel study, carried out as part of the final evaluation, has been designed to ask the same individuals the same questions on the same topics. The results of the Wave 2 survey are reported in this document.

The primary purposes of the first wave of the panel study were: to provide feedback on the issues of interest noted above, and to provide baseline information on these and other issues related to the success of the Strategy.

As noted, this second wave of the panel study obtains input from the same individuals on the same topics. The purpose of this design is to track their experiences, their perceptions of whether the

Strategy is on track, and the perceived success/failure of the Strategy over time. Two additional questions were also asked, to provide more data for the final evaluation of NAS II.

The panel study is designed to include a cross-section of non-government stakeholders knowledgeable in the area of HIV/AIDS. Its composition has been designed to reflect the fact that the Strategy has a community-based focus, but involves a broad array of stakeholders. The diversity required for the panel composition was defined to include:

- local/community organizations
- national, provincial and regional non-governmental organizations
- specific targeted groups (e.g. aboriginal communities)
- service providers
- advocacy groups
- professional organizations
- service and research organizations
- academics and schools

(The actual design of the panel to accommodate these requirements is described under Methodology.)

This document presents the results of the Panel Study of Stakeholders: Wave 2. The first section describes the Methodology employed, including the research design and the selection of panel members. It also includes information on the panel composition for Wave 2 compared to Wave 1. The four sections of findings provide a summary of panellists' views on four specific aspects of the Strategy. In order these are: perceptions of implementation of the Strategy, coordination of the Strategy, balance of the Strategy, and the information provided through the Strategy. The final section provides a summary of main findings and observations emerging from Wave 2.

B. METHODOLOGY

B.1. EVALUATION DESIGN

The final evaluation of the National AIDS Strategy Phase II (NAS II) includes this study of the perceptions of non-governmental stakeholders, employing a panel study design. The design is based on the completion of interviews with a cross-section of panel members knowledgeable about various activities related to HIV/AIDS in Canada. Their views were elicited for the mid-term review (Wave 1) based on a semi-structured questionnaire administered by telephone. To the extent possible (see below) the same panel members were interviewed for this final evaluation of NAS II, and asked the same questions, in order to document any shifts in views, including the perceived responsiveness and continued relevance of the Strategy. Copies of the data collection instrument for Wave 1 and Wave 2 in both official languages are appended to this report (See Appendix "A"). All panel members were asked the same questions in order to maximize the degree of consistency and comparability of their responses. Areas of questioning were intended to cover four basic areas of the Strategy: its implementation, coordination, balance, and its provision of information.

B.1.1. Panel Size and Member Selection

The size of the Wave 1 panel for the mid-term review was 115 individuals. Panel membership was composed of a cross-section of knowledgeable individuals involved in HIV/AIDS related activities across Canada. These activities are varied, and include: front-line community-based care, treatment and support, education, various medical services, laboratory testing and research of various types.

It is recognized that most such individuals would be affiliated with one or more organizations related to their main type of activity. For instance, those involved in front line community-based treatment and support services would likely be associated with a local HIV/AIDS committee, and those doing various types of medically-oriented research would likely be associated with a hospital or university.

Because of this, panellists were typically recruited through such organizations. It is important to note, however, that panellists were approached as knowledgeable individuals regarding HIV/AIDS, and not as official spokespersons for an organization with which they are affiliated.

This approach to panellist selection has been based: first, on a recognition that organizations have other opportunities for the expression of views on NAS II and; secondly, a desire to encourage individual panellists to be candid by being able to express their personal views with the assurance of confidentiality. Thus, although individual panellists are listed in Appendix 'C' to this final Wave 2 report, no remarks are attributed to individuals nor to organizations with which they are affiliated. The resulting data analysis looks at the range of answers provided in terms of the total panel. It also examines organizational setting (e.g. hospital, community-based AIDS service organization). However, this was done only to see if there are differences in viewpoints among panellists involved in different types of organizational settings.

B.1.2. Panel Distribution

The distribution of panel members was designed to incorporate certain key criteria to provide the desired cross-section of activities:

- Inclusion of a relatively high proportion of individuals affiliated with community-based service organizations doing much of the front-line work in education, care, support and treatment. The activities of these organizations and their approach, as noted, are a fundamental aspect of the Strategy.

- Inclusion of individuals affiliated with professional associations, including, insofar as possible, key national partners in the Strategy.

- Inclusion of a cross section of those involved in research.

- Inclusion of a cross section of those involved in the medical aspects of HIV/AIDS, whether clinical, laboratory or research oriented.

- Inclusion of those involved in corrections-related activities.

- Inclusion of those serving Aboriginal people on reserves.

To achieve this cross-section, the potential panellists were grouped into basic categories and numbers of total interviews to be completed within each category were assigned at the time of the Wave 1 study.

- "Group I" included various lists of names of individuals thought to be involved in community based activities. 61 interviews were to be completed from this group using a random sampling strategy, including 6 interviews with those affiliated with national partners in the Strategy.

- Those involved with aboriginals on reserves were assigned 13 completed interviews.

- Those involved in corrections were assigned 8 completed interviews.

- "Group II" included various lists of names of those thought to be involved in providing professional activities related to HIV/AIDS. A total of 33 interviews were to be completed from this group.

Together these total the 115 panellists recruited for Wave 1 of this panel study. Please see the Appendix B to this document for a full description of the Sampling Frames and Sampling Strategy, Sample Selection, Sample Replacement and Record of Attempts and Replacements for Wave 1.

Wave 2 Sample Size and Composition

To the extent possible, every attempt was made to conduct the Wave 2 interviews with the same 115 individuals who were panellists at Wave 1. The procedure followed is described below.

- In the first instance, attempts were made to reach all 115 panellists at the telephone number at which they had originally been reached. Many panellists were still available at their original number, and the study was thus re-introduced to them and arrangements made to conduct the Wave 2 interview. In other cases, the original panellist was not at the telephone number/organization at which they had originally been reached. Where possible, a forwarding number was obtained, and an interview was conducted with the original panellist. In total, 94 of the original 115 panellists were re-interviewed at Wave 2.

- In other cases, the original panellist was not available/reachable for a variety of reasons. These reasons ranged from having moved to another continent, to being unreachable (i.e. no forwarding address), to the impingement of personal health factors which made further contact inappropriate. It also included one case where the original participant refused to participate in Wave 2 due to lack of knowledge/interest. In some cases where an original panellist was not available/reachable, an alternate individual had been designated at Wave 1 in case of such a contingency. Thus, sometimes the alternate was identified and available and the interview was completed with that alternate. In a few other cases, another individual was identified to the evaluation team and after consultation with the client at Health Canada, the individual was considered appropriate and an interview was conducted with the replacement. A total of 18 replacement panellists at Wave 2 were interviewed.

- In three cases out of the original 115, neither the original panellist nor a suitable replacement was available.

In the end, a total of 112 interviews were conducted for Wave 2, with the other three cases shown as "attrition".

Of the original 115 panellists from Wave 1, a total of 94 of the same individuals were interviewed for Wave 2. Table 1 shows the distribution of the 115 panellists at Wave 1 by organizational affiliation. It also shows the distribution of the 94 original panellists at Wave 2.

TABLE 1
Organizational Affiliations of Full Panel at Wave 1 and Original Panellists in Wave 2

ORGANIZATIONAL AFFILIATION	NUMBER AT WAVE 1	ORIGINAL PANELISTS FOR WAVE 2
Community-based		
AIDS specific	34	25
Non AIDS specific	8	6
Universities/Foundations/ Centre/Researchers	21	20
Associations (incl. the National Partners)	16	13
Hospitals	15	14
Aboriginals (on reserves)	13	10
Corrections-related	8	6
TOTAL	115	94

As noted, in another 18 cases, Wave 2 interviews were conducted with replacement individuals. The distribution of these 18 by organizational affiliation is shown in Table 2.

TABLE 2
Organizational Affiliations of Replacement Panellists at Wave 2

ORGANIZATIONAL AFFILIATION	REPLACEMENT PANELLISTS
Community-based	
AIDS specific	9
Non AIDS specific	2
Universities/Foundations/ Centre/Researchers	1
Associations (incl. the National Partners)	2
Hospitals	0
Aboriginals (on reserves)	2
Corrections-related	2
TOTAL	18

Together, the 94 original panellists and 18 replacement panellists total 112 cases. The remaining three cases are counted as "attrition", since neither the original panellist nor a suitable replacement was available. The organizational affiliations of these three attrition cases were :

• Associations	1
• Hospitals	1
• Aboriginals (on reserves)	1
	3

Shown in Table 3 is the disposition, by organizational affiliation, of all 115 panel members from Wave 1, to Wave 2.

TABLE 3
Sample Distribution for Wave 1 and Wave 2

ORGANIZATIONAL AFFILIATION	NUMBER AT WAVE 1	NUMBER AT WAVE 2 FOR PRELIMINARY RESULTS	
Community-based AIDS specific	34	Original Replace Attrition	25 9 0 34
Community-based Non AIDS specific	8	Original Replace Attrition	6 2 0 8
Universities/Foundations/ Centre/Researchers	21	Original Replace Attrition	20 1 0 21
Associations (incl. the National Partners)	16	Original Replace Attrition	13 2 1 16
Hospitals	15	Original Replace Attrition	14 0 1 15
Aboriginals (on reserves)	13	Original Replace Attrition	10 2 1 13
Corrections-related	8	Original Replace Attrition	6 2 0 8
TOTAL	115		115

The names of all panellists interviewed at Wave 2, and their city of residence is shown in Appendix C including the names of replacement panellists and their city of residence. The 18 replacement panellists are identified by an asterisk.

Analysis and Reporting at Wave 2

The emphasis of the following report is on presenting the Wave 2 results, but also on noting comparisons with the Wave 1 results. Because of the very nature of a panel study, the results are presented first for those 94 original panellists who participated in both Wave 1 and Wave 2. With regard to the tabular data, where mean/average scores are reported, these means are based on the number of panellists who actually provide a numerical response to the relevant scale item. Where relevant, differences between mean scores that are statistically significantly different at the .05 level or .01 level are also reported. Reported separately for each topic are the results for Wave 2 for the 18 new panellists who participated in Wave 2 but did not participate in Wave 1.

In addition to showing the aggregate results for Wave 1 and Wave 2, tables are also presented, for the original 94 panellists, showing the direction and magnitude of shifts in ratings that occurred on various scale item and "yes/no" questions. The "net shift" scores shown in such tables are based on those panellists who actually provided numerical responses at both Wave 1 and Wave 2.

For open-ended questions, answers are typically grouped by number of mentions rather than number of panellists, since more than one response was typically allowed. Again, responses for the original 94 panellists are presented first, followed by a summary of responses for the 18 replacement panellists.

Caution is required in interpreting the results in that many of the breakdowns of data are based on relatively small number of cases.

Timing of the Wave 2 Study

The time frame in which this Wave 2 panel study was conducted should be noted. Specifically, the fieldwork was conducted relatively near to the end of NAS II. At the time of the fieldwork a federal election campaign was in progress. One of the federal parties gave a verbal commitment to renewal of the Strategy if they were elected. This announcement was public information at the time of fieldwork for this study, and some panellists made specific mention of the announcement. When this occurred, panellists were informed that it was an election promise made in the context of an election campaign. While it is possible that this election promise influenced some panellists, it is unknown what the impact, if any, may have been on some panellists' responses.

It should be noted also that this Wave 2 panel study represents one of several studies being conducted as part of the final evaluation of NAS II.

B.2 ORGANIZATIONAL PROFILES

B.2.1 Types of Organizational Settings

While the unit of analysis for the panel study is individuals, it was considered important to obtain basic data on the types of organizational settings in which these individuals work. This information helps demonstrate the cross-sectional nature of HIV/AIDS related perspectives included in the panel.

Presented in Table 4 is a distribution of panel study members at Wave 1 by organizational affiliation and the number of original panellists available at Wave 2.

TABLE 4
Organizational Affiliations of Panel Study Members

ORGANIZATIONAL AFFILIATION	NUMBER AT WAVE 1	ORIGINAL PANELISTS FOR WAVE 2
Community-based		
AIDS specific	34	25
Non AIDS specific	8	6
Universities/Foundations/ Centres/Researchers	21	20
Associations (incl. the National Partners)	16	13
Hospitals	15	14
Aboriginals (on reserves)	13	10
Corrections-related	8	6
TOTAL	115	94

The distribution in Table 4 reflects to some extent the sampling design (See Methodology), which was structured to provide a cross-section of specialities, with a corresponding expected mix of organizational types (e.g. community-based organizations, hospitals, associations).

- More than one third of panellists (42 of 115) were located in community-based organizations serving local communities or specific populations at the community or regional level. A local AIDS committee would be an example. (NOTE: This is in addition to the 13 panellists in the sub-sample related to Aboriginals on reserves).
- Another 21 panellists were located in universities, foundations, etc., including a few (N=3 of the 21) who were independent researchers.
- Associations refers to national-level associations even though they may be "community-based" in their focus. Sixteen panellists were affiliated with, or employees of, an association, including professional associations, national or provincial service organizations, etc. Also included were those panellists affiliated with "national partners" in the NAS II Strategy, such as the Canadian AIDS Society.
- 15 panellists were affiliated with hospitals.
- 13 panellists were affiliated with aboriginal councils/bands, etc. located on reserves which receive some level of funding from the Medical Services Branch (MSB) of Health Canada. (The number of such panellists was determined in advance as part of the evaluation design). In addition, a select number of other organizations serving aboriginals in urban settings fell into the Group I sample.
- 8 panellists were involved in one aspect or another of corrections-related services, including inmate and related populations. Again, this sub-set of panellists was included as part of the evaluation design.

As Table 4 shows, of the original 115 panellists at Wave 1, 94 were the same individuals at Wave 2. In some cases they were no longer with the same organization, but were still aware of events relating to HIV/AIDS, and were able to respond to the Wave 2 interview based on their overall knowledge and experience. Eighteen other panellists were replacement panellists within the categories of panellists noted above. Thus, the proportionate distribution by organizational affiliation remained very similar at Wave 2 to Wave 1. Of the 18 replacement panellists, most described their organizational affiliation as community-based (13 mentions). Also mentioned were "non-profit associations" (3 mentions) and "national association" (2 mentions). This represents a higher proportion of community-based affiliations than for the original panellist group.

B.2.2 Focus of Activities

Shown in Table 5 is a comparison, for the 94 panellists who participated in both Wave 1 and Wave 2 of the panel study, of the answers regarding the geographic/jurisdictional focus of their activities (local through to national and international). More than one response was permitted.

TABLE 5
Geographical/Jurisdictional Focus of Activities
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Focus of Activity	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Local	50	47	24	19	6	3	3	4	7	8	7	8	3	5
Regional	46	37	25	16	9	7	1	3	9	4	1	2	1	5
Prov/ Terr	42	29	13	5	9	10	5	5	11	4	1	2	3	3
National	34	31	8	4	5	5	8	9	12	10	1	1	0	2
Internat.	17	17	2	3	7	3	1	4	7	7	0	0	0	0
Other	1	1	0	0	0	1	0	0	0	0	1	0	0	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

The distributions appear broadly similar for these original panellists for Wave 1 and Wave 2, with a higher proportion indicating activities focussed at the regional level (i.e. larger than local but smaller than provincial), and at the provincial/territorial levels. However, it is difficult to draw precise comparisons because some panellists had changed duties, etc.

Of the 18 replacement panellists, 14 indicated activities at the local level. This is a higher proportion than among the group of original panellists (50 of 94).

B.2.3 Activities Related to HIV/AIDS

- Panellists were asked to indicate which of several activities are conducted by their organization in response to HIV/AIDS. They also indicated the primary activities of their organization. A comparison of the distribution for the 94 original panellists is shown in Table 6. More than one response was permitted.
- The results show a striking similarity, between Wave 1 and Wave 2, of activities conducted in relation to HIV/AIDS. For the 18 replacement panellists, the range of activities is similar to other panellists, although a higher proportion (15 of 18) indicated "advocacy" compared to other panellists (54 of 94).

TABLE 6
Activities Conducted by Organizations in Response to HIV/AIDS at Wave 1 and Wave 2
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Activity	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Educat.	76	81	31	31	8	8	8	11	15	15	9	10	5	6
Coord. of efforts by others	59	60	24	24	10	11	7	9	10	9	4	3	4	4
Advoc.	54	57	27	27	5	9	4	7	9	9	5	2	4	3
Counsell	54	56	28	27	8	8	2	4	9	7	4	6	3	4
Non-med services	49	41	26	23	6	4	2	3	9	6	3	1	3	4
Support for those caring for PHA's	39	39	21	21	4	7	3	4	7	4	2	1	2	2
Medical	21	22	4	2	7	7	0	2	7	8	3	3	0	0
Biomed. Research	22	22	2	1	10	9	2	1	8	11	0	0	0	0
Lab testing	18	16	2	1	7	8	0	1	5	5	4	1	0	0
Epid. work	26	20	3	2	10	10	3	0	8	7	1	0	1	1
Clinical services	18	16	2	3	7	7	0	2	7	4	2	0	0	0
Clinical trials	15	17	1	3	6	9	1	0	7	5	0	0	0	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

NAS II Final Evaluation: Panel Study of Stakeholders, final draft report, August 26, 1997
Brighton Research

B.2.4 Primary Organizational Activities Related to HIV/AIDS

Panellists were asked to identify the main HIV/AIDS related activities of the organization with which they are affiliated. The primary activities identified and organizational types are shown in Table 7, for the original panellists for both Wave 1 and Wave 2.

TABLE 7
Primary Organizational Activity in Response to HIV/AIDS: Wave 1 and Wave 2
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Primary Activity	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Ed./prev. related activities	49	41	27	20	0	1	7	4	5	4	8	10	2	2
Medical Research	14	17	0	0	4	7	2	1	7	9	0	0	1	0
Care and Support	5	12	2	8	0	0	0	0	2	2	0	0	1	2
Medical	9	8	0	1	7	5	0	0	2	2	0	0	0	0
Mgmt, - non - medical	7	5	1	2	1	0	2	3	1	0	1	0	1	0
Mgmt. - medical	2	4	0	0	1	1	0	3	1	0	0	0	0	0
Policy/ research	8	7	1	0	1	0	2	2	2	3	1	0	1	2
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

The results show basic similarities in primary organizational activities related to HIV/AIDS, but also some shifts in emphasis.

- Education/prevention activities are the primary activities of about half of the organizations (49 of 94) and represent an increase from Wave 1 (41 of 94).
- A higher proportion of those affiliated with community-based organizations and with associations indicated education/prevention as a primary activity at Wave 2.
- Medical research ranks second at Wave 1 and Wave 2,
- Those indicating "frontline work -- care and support" as the primary activity decreased from 12 of 94 at Wave 1, to 5 of 94 at Wave 2.

Of the 18 replacement panellists, 10 indicated their organization's primary activity was education/prevention related activities. This is similar to the proportion for other panellists.

B.2.5 Primary/target Population of Activities

All panellists were asked if there is a primary population to which the HIV/AIDS related activities of the organization with which they are affiliated are directed. Of the 94 original panellists:

- 81 of 94 panellists indicated there is at Wave 2 (compared to 83 of 94 at Wave 1)
- 12 of 94 did not specify any target population at Wave 2 (compared to 10 of 94 at Wave 1)
- At both Wave 1 and Wave 2 there was one "not stated".

A range of target populations were identified by these panellists at Wave 1 and Wave 2. The two are compared in Table 8.

TABLE 8
Primary Groups Served: Wave 1 and 2
(94 original panellists)

Target Population	Wave 2	Wave 1
Persons having AIDS	19	29
Youth	13	11
Native communities	2	3
Intravenous drug users	6	7
Gay men	2	6
Prison inmates	2	6
The community (general)	8	0
Women	2	5
Physicians	3	1
AIDS Service organizations	3	0

A variety of other target groups were each mentioned by one or two panellists.

Out of the 94 original panellists who indicated the organization with which they are affiliated has one or more primary populations to which their activities are directed at Wave 2, a total of 81 mentions (including those above) were made of target populations. This indicates both that most activities are focused, and that a broad range of target groups are being served.

Of the 18 replacement panellists, 15 indicated there is a primary population group for their activities. This is similar to the proportion of other panellists. The range of groups served is wide, as it is for the other 94 panellists.

B.2.6 Types of Funding Organizations

All panellists were asked which sources provided funding for the HIV/AIDS related activities of the organization with which they are affiliated. More than one response could be given. The distribution of answers for the 94 panellists participating at Wave 1 and Wave 2 is shown in Table 9. The table reveals a basic similarity in sources of funding from Wave 1 to Wave 2.

- The federal government and/or NAS II are mentioned by a great majority of all panellists at both Waves. This includes 101 mentions of the federal government\NAS II as source at Wave 1 among these 94 original panellists. This number of mentions is accounted for by panellists who may have mentioned more than one federal source of funding, including those who mentioned both federal government support and NAS II support. Fewer panellists in all sub-groups mention federal government\NAS II as a source at Wave 2.
- Provincial government grants rank second as a source of funding at both Wave 1 and Wave 2. For some sub-groups there are slight increases of mentions of this source.
- Donations are mentioned by about half of panellists at both Waves.
- At Wave 2 there are nine specific mentions of drug companies. Also, drug companies and "private industry" have a total of 16 mentions, compared to 11 at Wave 1.

For the 18 replacement panellists, a wide range of funding sources were indicated. As with the other panellists, a high proportion (14 of 18) indicated the federal government/NAS II.

TABLE 9
Sources of HIV/AIDS Related Funding at Wave 1 and Wave 2
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Funding Source	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Fed govt/ NAS II	80	101	29	37	13	17	9	11	16	21	8	10	5	5
Prov govt	49	48	22	21	9	8	6	4	9	10	1	1	2	4
Donation	46	49	23	24	5	6	5	8	12	7	0	0	1	4
Charity Org's	29	33	14	14	3	5	5	2	7	9	0	0	0	3
Member fees	24	32	15	17	0	0	5	8	4	3	0	0	0	4
Fund raising	25	25	15	17	1	1	2	4	5	1	1	0	1	2
Prov. med. plans	16	22	3	4	5	10	0	0	5	7	3	1	0	0
Local govt.	15	16	9	8	1	1	1	0	2	3	2	0	0	4
Other	18	12	4	2	3	3	2	0	6	5	1	1	2	1
Private industry	7	11	1	0	1	2	3	5	1	4	0	0	1	0
Drug company	9	0	2	0	2	0	2	0	3	0	0	0	0	0
N/A	1	1	0	0	0	0	1	1	0	0	0	0	0	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

B.2.7 Primary Sources of Funding

All panellists were asked which source provides the greatest level of funding for HIV/AIDS related activities of the organization with which they are affiliated. Most cited one source but some indicated two. A comparison of the answers at Wave 1 and Wave 2 is shown in Table 10.

TABLE 10
Primary Sources of HIV/AIDS Related Funding at Wave 1 and Wave 2
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Primary Sources	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Federal gov't	40	47	10	14	3	6	6	7	12	10	6	9	3	1
Prov govt med plans	30	27	13	12	9	6	1	2	2	5	3	0	2	2
Other	21	18	6	5	2	1	5	3	6	5	1	1	1	3
DK/NA	3	2	2	0	0	1	1	1	0	0	0	0	0	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

Of the 18 replacement panellists, 10 of 18 indicated the federal government and six of eighteen indicated the provincial government. These proportions are almost identical to other panellists.

B.3 PANEL MEMBER RESPONSIBILITIES

B.3.1 Panellists' Primary Responsibility in Response to HIV/AIDS

All panellists were asked to indicate their own primary area of responsibility in response to HIV/AIDS. Some provided more than one response. A comparison of answers for the 94 original panellists participating in Wave 1 and Wave 2 is shown in Table 11.

TABLE 11
Panellists' Primary Responsibility in Response to HIV/AIDS at Wave 1 and Wave 2 (94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Primary Respons.	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Mngmt./ admin.	23	25	13	11	3	3	2	5	5	5	0	1	0	0
Ed./prev.	27	30	8	15	2	3	3	0	4	4	7	5	3	3
Coord./ facilitate	18	16	7	6	3	1	2	3	2	1	3	5	1	0
Research	15	18	0	0	5	7	1	1	8	7	0	0	1	3
Advoc.	6	10	4	7	0	0	2	2	0	1	0	0	0	0
Support/ counsell	9	7	5	4	0	0	1	0	1	1	1	1	1	1
Prog./ training	7	2	3	2	1	0	1	0	2	0	0	0	0	0
Funding	4	4	3	2	0	0	0	1	1	0	0	1	0	0
Other	32	22	8	6	4	4	4	3	7	6	7	2	2	1
DK/NA	2	1	0	0	0	0	1	1	0	0	1	0	1	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

There is a basic similarity in panellists' primary responsibilities at Wave 1 and Wave 2.

- Education/prevention is mentioned most often.
- Management/administration ranks second in mentions.
- Coordination/facilitation ranks third.
- Research ranks fourth.
- Other areas include: advocacy, support/counselling, and programming/training.

Of the 18 replacement panellists, 8 of 18 indicated they are in management/administration. This is a higher proportion than the 23 of 94 other panellists in this category. A lower proportion indicated "education" (1 of 18, compared to 23 of 94 other panellists). This finding likely reflects the fact that many of those indicated as replacement panellists were Directors or other managers in organizations.

B.3.2 Provision of Direct Services

Panellists were asked if they personally provided direct services to persons having HIV/AIDS. The results for the 94 original panellists are shown in Table 12.

TABLE 12
Incidence of Providing Direct Services to People with HIV/AIDS Among Study Participants at Wave 1 and Wave 2
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Direct Services Provided	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Yes	38	38	21	18	5	6	2	3	7	7	1	1	2	3
No	55	39	10	7	9	4	11	8	13	8	8	9	4	3
DK/NA	1	17	0	6	0	4	0	2	0	5	1	0	0	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

The results show that at both Waves, slightly less than half of these panellists indicated they provide direct services to people with HIV/AIDS (38 of 94 at both Wave 1 and Wave 2). This proportion is generally consistent across the various organizational affiliations. (Also, 30 of 37 who said "yes" at Wave 1 also said "yes" at Wave 2, and 33 of 39 who said "no" at Wave 1 also said "no" at Wave 2. The other panellists were "switches").

The types of direct services provided by the Wave 1 and Wave 2 original panellists are shown in Table 13. More than one mention was permitted.

TABLE 13
Types of Direct Services to Persons With HIV/AIDS by Original Panellists Who Provide Services: Wave 1 and Wave 2
(94 original panellists)

Type of Service	Original Panellists Who Provide Direct Services	
	Wave 2	Wave 1
Counselling	17	11
Support	11	12
Referral	5	7
Clinical Services	8	7
Advocacy	2	5
Information/education	9	5
Coordination	3	2
Health promotion	3	1
Needle exchange	3	0
	(N=38)	(N=38)

The results show a basic similarity in types of services provided. Key direct services include counselling, support, information, and clinical services.

Of the 18 replacement panellists, 7 indicated they provide services directly to persons having AIDS. This is almost identical to the proportion of other panellists (38 of 94). The types of services provided are similar in range, with the first ranked in both groups being "counselling".

(New panellists were asked if they had heard of the National AIDS Strategy before. 15 of the 18 new panellists indicated that they had.)

C. PERCEPTIONS OF NAS II

Presented here are the results for questions asked of panellists at Wave 2 about the four main focal points of this stakeholder study: Implementation, (whether the Strategy is doing what it said it would do), Coordination, (the dovetailing of activities), Balance, (the relative amount of resources devoted to various activities) and Information, (the quality, dissemination and usefulness of NAS II related products and services).

In many cases these questions were addressed through scale type questions, either a "1" to "3" scale, or "1" to "5" point scale, with provision for "No answer" (N/A) and "Don't know" (DK). For presentation purposes, the 5 point scales have been reduced, by combining "1" and "2" together and "4" and "5" together.

It will be noted that the number of "N/A" and "DK" responses varies. The combined number of "NA/DKs" is shown for each table. Where the proportion of such responses is relatively large, most are "DKs", and indicate simply that the individual did not have enough information to form an opinion. In short, such responses are neutral in our view based on the fieldwork, and do not have any negative connotations in terms of reluctance to express critical views. All findings are presented for the 94 panellists who participated in both Wave 1 and Wave 2. In addition, information for the 18 "replacement" panellists is shown for Wave 2 only.

In addition to the quantitative/scale-type data, several questions made specific provision for more open-ended elaborations of the reasons for the answer given to the scale items. These data are also summarized here, with comparisons where appropriate to the distribution of types of answers given at Wave 1 for the 94 original panellists. Responses by the 18 replacement panellists are presented also.

C.1. IMPLEMENTATION

A series of questions was asked about panellists' perceptions of how well NAS II had been implemented.

C.1.1. Adequacy of NAS II Implementation

Panellists rated NAS II on its implementation on a five point scale, where "1" means "not at all adequate" through to "5" which means very adequate. The results are shown in Table 14 below, with ratings of "1" and "2" combined as being critical, "4" and "5" combined as being favourable, and "3" being neutral. In this and other tables, the mean scores are based on those providing a numerical rating.

TABLE 14
Ratings of NAS II on its Adequacy of Implementation at Wave 1 and Wave 2
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on Implmnt.	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	12	25	6	11	1	2	0	1	3	6	1	2	1	3
3	29	22	9	5	2	5	5	7	8	2	4	1	1	2
4 and 5	38	23	14	10	8	4	6	1	6	6	2	2	2	0
DK/NA	15	24	2	5	3	3	2	4	3	6	3	5	2	1
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6
Mean*	3.4	2.9	3.3	2.8	3.7	3.2	3.6	3.0	3.3	2.9	3.1	2.6	3.3	2.2

*Those providing numerical ratings.

**NOTE: Based on a t-test for paired samples the difference between means is statistically significant at the .01 level.

The ratings in Table 14 indicate significantly more positive perceptions of the adequacy of implementation of the NAS II Strategy at Wave 2. The average score, at 3.4 out of 5, is statistically significantly higher than the average of only 2.9 at Wave 1.

- The modal response category at Wave 2 is "4" or "5", at 38 of 94 panellists, or about two-fifths of the panel.

- Only 12 panellists rated it "1" or "2" at Wave 2, compared to 25 at Wave 1.

- The proportion indicating DK/NA dropped to 15 of 94 at Wave 2, compared to 24 of 94 at Wave 1.

- The average ratings at Wave 2 are higher than at Wave 1 for all of the organizational affiliation sub-groups. The highest average ratings for adequacy of implementation are among those affiliated with hospitals (3.7) and those affiliated with associations (3.6).

For the 18 replacement panellists, the average rating is 3.1, lower than the 3.4 average for other panellists. Of the 18, about one fifth (4) gave ratings of "4" or "5", compared to two fifths of other panellists (38 of 94).

Shown in Table 15 is a summary of the direction and magnitude of changes in the ratings for "implementation". As noted in the Methodology, the data regarding "shifts" are based on those original panellists who gave a number between "1" and "5" at both Wave 1 and Wave 2. For instance, if a panellist assigned a rating of "2" at Wave 1 and a rating of "4" at Wave 2, this will be shown as "rating is 2 points more than at Wave 1". (Those who did not assign a number rating at either or both of Wave 1 and Wave 2 are not included in these calculations.)

TABLE 15
Ratings of NAS II on its Implementation:
Summary of Direction and Magnitude of Changes From Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	94 ORIGINAL PANELLISTS
Rating is **2 points less** than at Wave 1	3
Rating is **1 point less** than at Wave 1	6
Rating is **the same** as Wave 1	35
Rating is **1 point more** than at Wave 1	23
Rating is **2 points more** than at Wave 1	6
Rating is **3 points more** than at Wave 1	2
Rating is **4 points more** than at Wave 1	2
Shift from DK or NA to rating given	4
Shift from rating given to DK or NA	13
TOTAL CASES	94
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+37

- 33 of 94 panellists had a positive shift in ratings at Wave 2, including 10 who had a shift of two or more points. The net shift is positive by 37 points.
- Only 9 of 94 panellists had a negative shift in ratings at Wave 2.

C.1.2. Adequacy of distribution of funding

Another aspect of panellists' perceptions of NAS II's implementation is their ratings of the Strategy's "distribution of funding". (The information is also relevant to perceptions of the Strategy's "Balance" and will be referred to there as well). Panellists rated the adequacy of funding distribution on a 5 point scale where "1" means "not at all adequate" and "5" means "very adequate".

TABLE 16
Ratings of NAS II on its Adequacy of Distribution of Funding at Wave 1 and Wave 2
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on Dist. of funding	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	**21**	30	**8**	11	**2**	3	**2**	1	**5**	9	**4**	4	**0**	2
3	**29**	23	**14**	8	**4**	5	**3**	3	**5**	4	**2**	2	**1**	1
4 and 5	**25**	16	**6**	5	**5**	4	**2**	4	**8**	2	**1**	1	**3**	0
DK/NA	**19**	25	**3**	7	**3**	2	**6**	5	**2**	5	**3**	3	**2**	3
Original panellists	**94**	94	**31**	31	**14**	14	**13**	13	**20**	20	**10**	10	**6**	6
Mean*	**3.0**	2.6	**2.9**	2.7	**3.4**	3.1	**3.0**	3.3	**3.0**	2.4	**2.3**	2.0	**4.0**	2.0

*Those providing numerical rating.
**NOTE: Based on a t-test for paired samples the difference between means is statistically significant at the .01 level.

Table 16 shows that perceptions of the adequacy of distribution of funding are better at Wave 2 than at Wave 1.

- The average rating, at 3.0, is statistically significantly higher than the average of 2.6 at Wave 1.

- The modal category at Wave 2 is "3", compared to "1 and 2" at Wave 1

- The proportion who indicate DK/NA drops to 19 of 94 at Wave 2 compared to 25 of 94 at Wave 1.
- Across the various organizational affiliations, average ratings are up at Wave 2 in all categories, except among those affiliated with "associations".

Among the 18 replacement panellists the average rating was 3.0, identical to that for the original panellists.

Shown in Table 17 is a summary of the direction and magnitude of changes in the ratings for "distribution of funding".

TABLE 17
Ratings of NAS II on its Adequacy of Distribution of Funding: Summary of Direction and Magnitude of Changes From Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	94 ORIGINAL PANELLISTS
Rating is **3 points less** than at Wave 1	1
Rating is **2 points less** than at Wave 1	2
Rating is **1 point less** than at Wave 1	8
Rating is **the same** as Wave 1	21
Rating is **1 point more** than at Wave 1	18
Rating is **2 points more** than at Wave 1	11
Rating is **4 points more** than at Wave 1	1
Shift from DK or NA to rating given	7
Shift from rating given to DK or NA	13
DK or NA at Wave 1 and Wave 2	12
TOTAL CASES	94
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+29

- The "net shift" among those providing numerical ratings at both Waves is +29 points.
- 30 of 94 panellists gave higher ratings on adequacy of distribution of funding, compared to only 11 who gave lower ratings.

C.1.2A NAS II Influence on Priority Setting

Panellists were asked what influence, if any, NAS II has had on priority setting on their work, based on a three point scale where "1" means "no influence", "2" means "some influence" and "3" means "a lot of influence". They were also asked to give the reasons for their answer. Shown in Table 18 is the distribution of responses to the three-point scale item question for Wave 1 and Wave 2.

TABLE 18
Perceived Influence of NAS II on Priority Setting at Wave 1 and Wave 2
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Influence of NAS II on Priority Setting	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
No influence	22	29	6	9	0	2	3	4	9	10	1	3	3	1
Some influence	37	35	11	12	9	8	6	3	4	4	6	5	1	3
A lot of influence	35	29	14	10	5	4	4	5	7	6	3	2	2	2
DK/NA	0	1	0	0	0	0	0	1	0	0	0	0	0	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

The results indicate an increase at Wave 2 of those indicating that NAS II has had "some influence" or "a lot of influence" on their work, compared to the Wave 1 results.

- 35 of 94 original panellists indicated "a lot of influence" at Wave 2, compared to 29 at Wave 1.

- The proportion indicating "no influence" dropped from 29 of 94 at Wave 1 to 22 at Wave 2.
- This pattern generally holds across all the organizational affiliation sub-groups. The exception is the "corrections-related" sub-group, where the proportion indicating "no influence" increased at Wave 2.

Presented in Table 19 is a summary of the direction and magnitude of shifts in opinion among these panellists about the influence of NAS II on priority setting in their work.

TABLE 19
Perceived Influence of NAS II on Priority Setting: Summary of Changes from Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **2 points less** than at Wave 1	5	1	0	2	1	0	1
Rating is **1 point less** than at Wave 1	12	5	2	1	2	1	1
Rating is **the same** as Wave 1	49	15	8	5	13	5	3
Rating is **1 point more** than at Wave 1	19	6	3	3	2	4	1
Rating is **2 points more** than at Wave 1	8	4	1	1	2	0	0
DK or NA to rating given	0	0	0	0	0	0	0
Rating given to DK or NA	1	0	0	1	0	0	0
TOTAL CASES	94	31	14	13	20	10	0
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+13	+7	+3	0	+2	+3	-2

- 27 of 94 panellists gave higher ratings at Wave 2.

- Only 17 panellists gave lower ratings at Wave 2.
- About half (49 of 94) gave the same rating at Wave 2 as at Wave 1.
- This pattern holds true for the various organizational affiliation groups, except among those in corrections-related settings (two gave lower ratings and only one gave a higher rating).
- The net shift in scores is +13 points for the 94 panellists.

For the 18 replacement panellists, the perceived influence on priority setting of NAS II is somewhat less than for the other panellists. Nearly half (8 of 18) indicated “no influence”, compared to only about one quarter (22 of 94) for other panellists.

All panellists were asked the reasons that they said NAS II had "no influence", "some influence" or "a lot of influence" on priority setting in their work.

"No influence" on priority setting

At Wave 2, 22 of the original 94 panellists were in this category, compared to 29 at Wave 1. Two responses dominated the reasons for saying "no influence".

- "(We) set our own priorities" (10 mentions)
- "NAS does not address relevant issues to us" (5 mentions)

Other responses included: "We don't receive national funding" (2 mentions), and a few other single response answers.

"Some influence" on priority setting

At Wave 2, 37 panellists were in this category, compared to 35 at Wave 1. The most common reasons for saying "some influence" on priority setting include:

"Provides funding" (5 mentions)
"We set our own priorities" (5 mentions)
"We tailor our programming to the funding" (4 mentions)
"We try to integrate NAS II objectives into our organization" (3 mentions)
"It provides information and knowledge" (3 mentions)
"NAS helped us identify priorities" (2 mentions)

"Would restrict our services if no funding" (2 mentions)

A few of the comments were less positive in saying "some influence":

> "NAS provides insufficient recognition of all target groups" (3 mentions)
> "NAS does not address relevant issues" (2 mentions)

A variety of single responses were offered by other panellists.

"A lot of influence" on priority setting

At Wave 2, 35 original panellists were in this category, compared to 29 at Wave 1. The most common reasons for saying NAS II had "a lot of influence"on priority setting included:

> "It helped identify priorities" (11 mentions)
> "We tailor our programming to the funding" (6 mentions)
> "Provides funding" (5 mentions)
> "We try to integrate NAS II objectives in our organization" (4 mentions)
>
> "It directed our research" (3 mentions)
> "It gave us information and knowledge" (3 mentions)
> "Would restrict our services if no NAS II funding" (3 mentions)

A couple types of responses were less positive:

> "It forced us to look at narrow populations" (3 mentions)
> "Insufficient recognition of all target groups" (1 mention)

A number of other reasons received single mentions.

Replacement panellists also provided information on the reasons for their answer. For eight replacement panellists indicating "no influence"on priority setting, three indicated "does not address relevant issues", and two indicated "insufficient recognition of all target groups". These are similar to the responses of the other panellists in this category.

For the five replacement panellists who said "some influence", two indicated that they "try to integrate NAS objectives in our organization". This and other responses are similar to other panellists. For the five of the 18 replacement panellists indicating "a lot of influence", no single answer category was mentioned more than once. The distribution of answers is similar to other panellists.

C.1.3 Influence of NAS II on Range of Services

Shown in Table 20 is the perceived influence of NAS II on panellists' ability to conduct the range of services they would like to offer.

TABLE 20
Perceived Impact of NAS II on Ability to Conduct Range of Services
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Impact on Range of Services	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
"Not helped at all"	8	16	3	4	0	1	1	1	2	6	2	2	0	2
"Helped some"	33	39	9	14	5	5	3	9	7	4	6	4	3	3
"Helped a great deal"	48	36	17	12	9	7	8	2	10	10	2	4	2	1
DK/NA	5	3	2	1	0	1	1	1	1	0	0	0	1	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

The table indicates a positive trend at Wave 2 compared to Wave 1 in perceived impact of NAS II on panellists' ability to conduct a desired range of services.

- The modal response at Wave 2 is "helped a great deal", given by about half of the 94 panellists (48), compared to 36 of 94 at Wave 1.
- Only 8 of 94 panellists indicated "not helped at all", compared to 16 who indicated this at Wave 1.

Of the 18 replacement panellists, the distribution of answers is that 2 of 18 said "not helped at all", 7 of 18 indicated "helped some" and 7 indicated "helped a great deal". This distribution is quite similar to other panellists.

Shown in Table 21 is a summary of the magnitude and direction of changes in original panellists' perceptions of the extent to which NAS II has improved their ability to conduct the range of activities they would like to be doing in response to HIV/AIDS.

TABLE 21
Ratings of NAS II on Improving Ability to Conduct Range of Desired Activities in Response to HIV/AIDS: Summary of Direction and Magnitude of Changes from Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **2 points less** than at Wave 1	1	0	0	0	0	1	0
Rating is **1 point less** than at Wave 1	10	2	1	0	4	3	0
Rating is **the same** as Wave 1	49	19	8	6	10	3	3
Rating is **1 point more** than at Wave 1	24	6	4	6	3	3	2
Rating is **2 points more** than at Wave 1	3	1	0	0	2	0	0
DK or NA to rating given	4	2	0	0	1	0	1
Rating given to DK or NA	2	1	1	0	0	0	0
DK or NA at Wave 1 and Wave 2	1	0	0	1	0	0	0
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating of 1 to 5 at both Wave 1 and Wave 2)	+18	+6	+3	+6	+3	-2	+2

- More than one quarter (27 of 94) gave a higher rating at Wave 2, compared to only 11 who gave a lower rating.
- About half these panellists (49 of 94) gave the same rating at Wave 2 as at Wave 1.

- The net shift in "points" is +18 across those giving numerical ratings at both Waves.

- The overall pattern generally holds true for various organizational affiliation groups. The exception is the Aboriginal (on-reserves) group where four of ten gave a lower rating at Wave 2, compared to three of ten who gave a higher rating at Wave 2.

Panellists were also asked for any comments about the impact of NAS II on their ability to conduct the desired range of activities. A variety of observations were provided. These are summarized below, with comparisons to the Wave 1 comments where appropriate.

Among the 94 original panellists, a wide range of responses were provided. Most of these comments referred to various funding issues, coordination, focus and range of activities, or information provided by the Strategy. These are summarized below.

Funding Related Comments

- 46 comments were related to funding. Half of these comments (23) came from panellists affiliated with universities/foundations and community-based organizations.

- The majority of the funding-related comments (36) concerned the fact that without NAS II funding, many activities would be limited. In this respect, NAS II has had a significant impact in allowing panellists to improve their ability to conduct the range of activities they would like to be doing in response to HIV/AIDS. For example:

> "New Brunswick does not put any money into programming and research for AIDS. Without NAS II funding, it is not possible to do our work."

- Some negative comments regarding funding were also offered by panellists. Responses typically concerned a lack of funding and the consequences of this. Comments include:

> "Limited resources makes planning very difficult. There is no security."

> "We have to take money from another program to meet the AIDS education needs in our community."

Comments Related to Coordination, Focus and Range of Activities of the Strategy

- Coordination, focus and range of activities were mentioned by 8 panellists across different organizational affiliations. Most comments were positive.

> "Guidelines and opportunities have been great."

"Provides coordinated approach in communication."

- Only two mildly negative comments were offered. Each comment was directed at the range of activities. For example:

"Still need more advancement in paediatric care."

Comments Related to Information Provided

- A total of 5 comments related to the fact that NAS II had helped by providing information.

"The information provided is helpful."

"We use the information for promotion of prevention. Before this, no one in our community would get tested."

- There were 5 mentions (those affiliated with aboriginal associations, universities/foundations and community-based) of specific activities that NAS II had assisted in improving. These include:
  - child care
  - educational activities
  - research opportunities
  - development work
  - community activities

- A total of 20 panellists did not respond, while three others indicated the question was "not applicable".

For the 18 replacement panellists, comments centered around: funding (7), range of activities (2), information (2), and focus/direction (1). Most responses were neutral, focussing on the ability to conduct the range of activities through funding access, and the information that NAS II provides.

Only one type of response, provided by two panellists affiliated with community-based organizations, can be considered negative.

"If you are not part of the 'clique', then there are no extra services given."

Five of the replacement panellists had no suggestions to offer.

Generally speaking, there are few shifts among the views of panellists from Wave 1 to Wave 2, in terms of suggestions regarding coordination, focus, range of activities, information provided and specific activities that NAS II assisted.

Worth noting are the substantial increases in responses related to funding. In addition, it is apparent that many more panellists in Wave 2 indicate that without NAS II funding, many of their activities would simply not exist (there is also an increase in community-based organizations citing funding).

C.1.4. Making Services More Accessible

Panellists rated the help from NAS II in making their services more accessible on the same three point scale. The results are shown in Table 22.

TABLE 22
Perceived Impact of NAS II on Ability to Make Services More Accessible
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Impact on Range of Services	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
"Not helped at all"	19	24	8	6	2	5	2	3	6	5	1	4	0	1
"Helped some"	33	37	8	12	7	8	5	4	6	7	5	3	2	3
"Helped a great deal"	37	24	15	10	4	1	5	4	7	4	3	3	3	2
DK/NA	5	9	0	3	1	0	1	2	1	4	1	0	1	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

**NOTE: Based on a t-test for paired samples the difference between means (2.0 of a possible 3 at Wave 1, and 2.2 at Wave 2) is statistically significant at the .05 level.

The Wave 2 results show a shift towards a higher proportion indicating NAS II has helped make panellists' services more accessible.

- 37 of 94 indicated "helped a great deal" at Wave 2, compared to 24 of 94 at Wave 1.
- There is an increase in those saying "helped a great deal" across practically all sub-groups of organizational affiliation.

Of the 18 replacement panellists, 5 of 18 indicated "not helped at all", 4 indicated "helped some" and 8, or nearly half, said "helped a great deal". This distribution is similar to other panellists.

Shown in Table 23 is a summary of the magnitude and direction of changes in panellists' perceptions of the extent to which NAS II has helped to make services more accessible.

TABLE 23
Perceived Impact of NAS II on Ability to Make Services More Accessible: Summary of Direction and Magnitude of Changes from Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **2 points less** than at Wave 1	2	1	0	0	1	0	0
Rating is **1 point less** than at Wave 1	10	3	1	2	2	2	0
Rating is **the same** as Wave 1	44	19	6	5	7	3	4
Rating is **1 point more** than at Wave 1	23	4	5	4	6	3	1
Rating is **2 points more** than at Wave 1	3	1	1	0	0	1	0
DK or NA to rating given	3	0	1	0	0	1	1
Rating given to DK or NA	7	3	0	1	3	0	0
DK or NA at Wave 1 and Wave 2	2	0	0	1	1	0	0
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating at both Wave 1 and Wave 2)	+15	+1	+6	+2	+2	+3	+1

- 26 panellists gave higher ratings at Wave 2 compared to only 12 who gave lower ratings.
- There is a net positive shift of +15 points.
- Each of the sub-groups shows a net positive shift. This ranges, however, from only +1 for the 31 community-based panellists to +6 for the 14 hospital affiliated panellists.

Panellists were also asked for any comments about the impact of NAS II on their ability to make their services more accessible. Most comments referred to: aspects of accessibility to their services being limited (19), funding (18), specific areas of help from NAS II (16), or coordination and information (12).

Comments Related to (limited) Accessibility

- A number of panellists (19) indicated that NAS II has done little to ensure the accessibility of services. Of these, 7 responses were from community-based organizations, while comments by other panellists are evenly distributed. Some comments include:

  "NAS II was irrelevant in making our services more accessible."

  "NAS II does not relate to the person on the street."

  "NAS II does not take our work into account."

Comments Related to Funding

- Of the 18 funding related responses, nearly half (8) were provided by panellists affiliated with community-based organizations. Most funding related responses (12 of 18) indicated that funding or grants by NAS II has helped to make panellists' services more accessible. Four of the 18 panellists indicated that "funding has helped, but we could use more."

Comments Related to Specific Areas NAS II Has Helped

- 16 panellists (distributed across all groups) indicated specific areas in which NAS II has made their services more accessible. These areas of service include:
  - communicable disease control
  - child care provision
  - development of a monitoring system web site
  - serving marginalized groups
  - sensitivity training

Comments Related to Coordination and Information

- Twelve (12) comments provided by panellists related to the coordination and information assistance provided through NAS II that has helped to make services more accessible. (The responses are evenly distributed across organizational groups). Responses were quite positive. Examples include:

  "Collaboration with other researchers is helpful."

  "Provision of precise and effective materials is appreciated."

Of the 18 replacement panellists, comments revolved around funding issues (3), information (3) or coordination (2). Comments include:

> "Funding enabled us to hire a coordinator."
>
> "Helpful through conferences."
>
> "Through publications."

Three replacement panellists had no comments and one felt the question was "not applicable".

These Wave 2 results indicate that a higher proportion of panellists feel that NAS II has helped to make their services more accessible; yet, there are still a number (greater than at Wave 1) of panellists who feel that NAS II has not done enough to ensure accessibility of services. Apart from this, it appears that comments are generally positive, and in favour of the work NAS II has accomplished in making services more accessible.

C.1.5. Ability to Influence NAS II Agenda and Priorities

Panellists were asked the extent to which they felt able to provide input to the setting and adjustment of NAS II's agenda and priorities. Panellists used a five point scale where "1" means "able to provide little or no input" through to "5", meaning "able to provide a great deal of input". The results are shown in Table 24 .

TABLE 24
Perceived Ability to Provide Input to NAS II Agenda and Priorities
(original 94 panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on "Ability"	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	45	51	15	19	7	7	6	7	8	7	7	8	2	3
3	19	13	7	4	5	2	1	1	3	2	1	2	2	2
4 and 5	25	27	9	8	2	5	4	4	8	10	1	0	1	0
DK/NA	5	3	0	0	0	0	2	1	1	1	1	0	1	1
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6
Mean*	2.6	2.5	2.7	2.3	2.5	2.8	2.5	2.6	3.1	3.2	1.9	1.9	2.6	2.0

*Those providing numerical rating.

As Table 24 indicates, while there is some improvement at Wave 2, panellists' perceptions of their ability to provide input to the NAS II agenda and priorities is still relatively low.

For the 18 replacement panellists, the average rating is 2.2, somewhat lower than the 2.6 for other panellists. A somewhat lower proportion (2 of 18) gave ratings of "4" or "5'", compared to 25 of 94 other panellists.

Shown in Table 25 is a summary of the magnitude and direction of changes in panellists' perceptions of their ability to provide input to the NAS II agenda and priorities.

TABLE 25

Ratings of NAS II on Perceived Ability of Panellists to Provide Input to the NAS II Agenda and Priorities:

Summary of Direction and Magnitude of Changes Wave 1 to Wave 2

(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **2 points less** than at Wave 1	6	3	2	0	1	0	0
Rating is **1 point less** than at Wave 1	19	3	5	5	5	1	0
Rating is **the same** as Wave 1	36	15	4	1	7	7	2
Rating is **1 point more** than at Wave 1	11	4	1	2	3	1	0
Rating is **2 points more** than at Wave 1	11	3	2	2	2	0	2
Rating is **3 points more** than at Wave 1	2	2	0	0	0	0	0
Rating is **4 points more** than at Wave 1	1	1	0	0	0	0	0
DK or NA to rating given	5	0	0	2	1	1	1
Rating given to DK or NA	3	0	0	1	1	0	1
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+12	+11	-4	+1	0	0	+4

There is a net positive shift of +12 points, including +11 among those affiliated with community-based organizations. There is a negative shift of -4 among those affiliated with hospitals.

Suggestions

Panellists were also asked, in an open-ended question, for their suggestions on how to improve their ability to provide input to the setting of the NAS II agenda and priorities. Responses can be categorized by type of suggestion. Categories of responses include: input to the Strategy and information about it, partnerships/collaborations, and funding.

Input to the Strategy and information about it

Panellists from all groups (predominately those affiliated with community-based organizations) had suggestions relating to their ability to have input to the Strategy and obtain more information about it. In total, there were 27 comments of this type. These included:

- The need for better consulting mechanisms (19 mentions)

  "I don't feel like I am able or welcome to provide input."

- The need for more communication about the Strategy at the community level (5 mentions)

  "Visit the grass roots organizations and put a face to NAS II."

- Suggestions to solicit organizations' views through questionnaires/surveys (3 mentions)

- Suggestions to create and disseminate a summary of NAS II contributions (2 mentions)

Partnerships/collaboration

A number of mentions (12) concerned suggestions about partnership/collaboration issues. These included:

- Suggestions to provide more opportunities for conferences/meetings (7 mentions)

  "Conferences would help at all levels, be it local, provincial, national or international"

  "Get stakeholder groups to come together and talk about setting priorities."

- Suggestions to create a task force/committee to enable stakeholders to stay informed about NAS II objectives (2 mentions)

Funding

Four mentions concerned the view that increased and long term funding should be a priority.

> "The answer to our request for funds are 6 months overdue. This is very demotivating."
>
> "The uncertainty regarding funding must stop."

- A few panellists affiliated with aboriginal organizations felt that more data on native people across Canada was needed.
- An additional two panellists affiliated with associations felt that research funding agencies should have more opportunities to provide input to the setting and adjustment of the NAS II agenda and priorities.
- Only two comments were made that could be interpreted as negative.

> "The 'Feds' don't take us seriously; they do not commit to our communities."
>
> "The government just isn't open to our suggestions."

Of the eighteen replacement panellists, seven comments were made regarding input to and information about the Strategy, three comments involved funding, and another two concerned administration issues. These included:

> "More personal contact is needed."
>
> "Our funding must be increased."
>
> "Better evaluation of existing services is needed."

Overall, the results indicate that little change has occurred in perceptions from Wave 1 to Wave 2 concerning suggestions to improve the ability to provide input to the setting and adjustment of NAS II agenda and priorities.

Worth noting is the consistency in Wave 1 and 2 of those suggesting more "personal" contact and further opportunities to provide input.

C.1.6 Current Activities Without NAS II Products and Services

Panellists were asked what impact, if any, there would be on current activities without NAS II products and services. Almost all panellists provided an opinion.

The most prevalent opinions (nearly 50 mentions) related to impact on activities and projects, with nearly all panellists indicating a negative impact. Twenty-two panellists (predominately from community-based organizations) expressed the view that without NAS II products and services, they could not provide all of their current services/activities/projects.

> "I'm in over my head now, if we didn't have these services (from NAS II), we couldn't provide even half of what we do now."

Another 18 panellists (generally those affiliated with universities/foundations/research and community-based organizations) indicated that they would not be able to provide any of their current services if they did not have NAS II services and products.

> "I would have to start looking for other work."

Eight panellists described the impact as "huge", while six others felt there would only be a "small" impact on their current activities. Three additional panellists stated it would have "no impact".

A total of twenty-five panellists from all organizational affiliations, except those with aboriginal serving organizations and associations, provided comments as to specific activities/areas that would be affected/suffer or impacted if NAS II products and services were not available. These included:

- Research (i.e. Quality) (10 mentions)
- Education (4 mentions)
- Services to marginalized groups (3 mentions)
- Less effective information (2 mentions)
- Increase in Persons With AIDS (2 mentions)
- Decline in overall effectiveness (2 mentions)
- Lack of culturally sensitive support
- Lay off of staff

A total of 4 other panellists indicated that funding would greatly diminish.

> "It would have a significant impact on funding (80% comes from 'feds')."

Of the 18 replacement panellists providing comments, 9 provided comments relating to the impact on project/activities. Specifically, 5 replacement panellists felt that without NAS II products and services it would not be possible to provide all services/activities. Two replacement panellists felt that there would be less activity in HIV/AIDS programs, and another two said they would have to "close up shop". Specific activities affected if NAS II funding was reduced include prevention and educational services, and a general impact on all community activities. Only two panellists, affiliated with aboriginal serving organizations and community-based organizations, felt there would be "little effect".

In overall terms, both Wave 1 and Wave 2 results reveal that most panellists felt their activities would be negatively affected if NAS II did not provide its products and services. It appears that the most devastating impact would be felt among those affiliated with community-based organizations and those affilicated with universities/foundations/research.

C.1.7 Impact on Future Activities Without NAS II Products and Services

Most panellists offered opinions about the impact on future activities if NAS II products and services ceased to be available. Most panellists, across all sub-groups, felt there would be a decidedly negative impact.

The majority of comments (39) related to impact on activities and projects, areas where nearly all panellists felt there would be a negative impact. Fifteen panellists from all organizational affiliations, except hospitals, felt that without NAS II products and services not all current activities could be provided.

> "We have already refused 600 women - if we did not have these (NAS II) services, most of our own services would be gone."

Another 14 panellists across all sub-groups indicated a severe impact in that no services would be available if NAS II products and services ceased to be available.

> "We could not exist."

Many panellists (31) from all organizational affiliations provided comments related to the curtailment of specific initiatives, activities and programs. These included:

- Research (13 mentions)
- Information (9 mentions)
- Credibility/visibility (4 mentions)
- Prevention (2 mentions)
- Educational/awareness workshops

- Quality of patient care
- Medical services

As one panellist affiliated with a hospital stated:

> "It could, in the long term, endanger many of the programs implemented by so many organizations working in this area."

Only five panellists from various backgrounds stated there would only be a marginal impact. Another two panellists felt there would be "no impact at all".

Six panellists affiliated with aboriginal and community-based organizations expressed concerns about funding.

> "We would eventually have to look elsewhere for funding, but where is the question."

Responses from the 18 replacement panellists included 11 comments relating to the impact on overall projects/activities. Of these, five panellists said they could not provide all current services/activities/projects. Another three panellists felt it would have a tremendous impact. The remaining three panellists stated "we could not exist".

Two panellists affiliated with community-based organizations felt that education services and relevant information would greatly diminish. Another panellist affiliated with a corrections related organization stated there would be "some impact on work in coalition without federal support". Two panellists felt they would have to go elsewhere for funding. Only one panellist affiliated with universities/foundations/research stated "no effect" if NAS II products and services ceased to be available.

Wave 1 and Wave 2 results reflect very few changes in opinions. In both Waves, most panellists agree that there would be a negative impact on future activities if NAS II products and services ceased to be available. Wave 1 results indicated a more severe impact on future activities, rather than current activities. Wave 2 results indicate a balance in impact. Again, the impact would be most felt among those affiliated with community-based organizations and universities/foundations/research.

C.2. COORDINATION

C.2.1 Adequacy of Overall Coordination

Panellists were asked to rate NAS II overall on its coordination, using a scale of 1 to 5, where "1" means "not at all adequate" and "5" means "very adequate".

TABLE 26
Perceptions of Adequacy of NAS II's Overall Coordination
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on "Coord."	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	**2**	1	**2**	1	**2**	1	**2**	1	**2**	1	**2**	1
1 and 2	**24**	28	**8**	9	**2**	4	**6**	4	**7**	7	**1**	3	**0**	1
3	**23**	25	**10**	8	**2**	4	**2**	5	**5**	5	**2**	2	**2**	1
4 and 5	**31**	21	**11**	10	**4**	5	**4**	2	**6**	2	**4**	2	**2**	0
DK/NA	**16**	20	**2**	4	**6**	1	**1**	2	**2**	6	**3**	3	**2**	4
Original panellists	**94**	94	**31**	31	**14**	14	**13**	13	**20**	20	**10**	10	**6**	6
Mean*	**3.1**	2.8	**3.2**	3.0	**3.5**	3.0	**2.8**	2.6	**2.8**	2.5	**3.6**	2.6	**3.8**	2.5

*Those providing numerical rating.

- The average score on perceived adequacy of coordination increased from 2.8 at Wave 1 to 3.1 at Wave 2.

- The proportion assigning positive ratings of "4" or "5" increased from 21 of 94 at Wave 1 to 31 of 94 at Wave 2

- The average scores for each of the organizational affiliation sub-groups also increased, and showed the highest positive change for those with aboriginal serving organizations (3.6 at Wave 2 vs. 2.6 at Wave 1), those with corrections-related organizations (3.8 at Wave 2 vs. 2.5 at Wave 1), and those affiliated with hospitals (3.5 at Wave 2 vs. 3.0 at Wave 1).

Shown in Table 27 is a summary of the direction and magnitude of changes from Wave 1 to Wave 2 in the ratings regarding co-ordination of NAS II.

TABLE 27
Ratings of NAS II on its Coordination: Summary of Direction and Magnitude of Changes Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **3 points less** than at Wave 1	1	1	0	0	0	0	0
Rating is **2 points less** than at Wave 1	3	1	1	0	1	0	0
Rating is **1 point less** than at Wave 1	15	7	0	4	3	0	1
Rating is **the same** as Wave 1	27	7	4	4	6	4	2
Rating is **1 point more** than at Wave 1	18	8	2	4	4	0	0
Rating is **2 points more** than at Wave 1	6	1	2	0	2	1	0
Rating is **3 points more** than at Wave 1	3	1	0	0	0	1	1
Rating is **4 points more** than at Wave 1	1	1	0	0	0	0	0
DK or NA to rating given	8	1	5	0	0	2	0
Rating given to DK or NA	12	3	0	1	4	2	2
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+19	+5	+4	0	+3	+5	+2

- 28 of 94 panellists gave higher ratings to NAS II on coordination.
- Only 19 of 94 gave lower ratings at Wave 2.
- Only about one third of the panellists (27 of 94) gave the same rating at Wave 2, indicating more change than for some other questions.
- The net positive shift in scores is +19.
- Those panellists affiliated with associations tended to be less positive than others.
- A relatively higher proportion (12 of 94) than for some other questions indicated NA/DK at Wave 2.

For the 18 replacement panellists, the average score was 3.3, compared to 3.1 for other panellists. The distribution of ratings was similar, but only 2 of 18 gave ratings of "1" or "2", compared to 24 of 94 other panellists.

C.2.2. Filling Gaps in Service

Panellists were asked to indicate if NAS II had helped them to fill gaps in service, based on a "yes", "no", or "not sure" response. The results are shown in Table 28.

TABLE 28
Perceptions of NAS II's Helping to Fill Gaps in Service
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Help in filling gaps in service	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Yes	47	41	19	13	6	6	9	9	7	7	4	5	2	1
No	35	46	9	16	5	6	3	4	9	12	6	5	3	3
Not sure	10	6	3	2	3	2	0	0	4	0	0	0	0	2
DK/NA	2	1	0	0	0	0	1	0	0	1	0	0	1	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

A somewhat higher proportion feel at Wave 2 that NAS II has helped them fill in gaps in service.

- About half (47 of 94) indicated NAS II has helped fill gaps in service, compared to 41 of 94 at Wave 1.
- A somewhat higher proportion at Wave 2 are "not sure" (10 vs. 6 at Wave 1).
- Panellists affiliated with aboriginal serving organizations include a lower proportion who feel NAS II has helped fill gaps in service.

Shown in Table 29 is an indicator of the degree of "switching" that occurred regarding perceptions of whether NAS II has helped fill in gaps in service.

TABLE 29

Degree of "Switching" of Ratings Regarding NAS II Helping Fill Gaps in Service (94 original panellists)

Wave 1	Wave 2				
	Yes	No	Not sure	Not stated	Total
Yes	27	9	5	0	41
No	15	24	5	2	46
Not sure	5	1	0	0	6
Not stated	0	1	0	0	1
Total	47	35	10	2	94

The results indicate a relatively high degree of switching of opinion on this point.

- A total of 51 of 94 offered the same opinion at Wave 2 and Wave 1.
- 15 who said "yes" at Wave 2 said "no" at Wave 1.
- 9 who said "no" at Wave 2 had said "yes" at Wave 1.

Of the 18 replacement panellists, 11 indicated NAS II has helped them fill in gaps in service. This is similar to the 47 of 94 other panellists who indicate NAS II is of help.

Panellists were given an opportunity to expand on the reasons for their answer.

For those original panellists who at Wave 2 indicated NAS II had helped fill gaps in service, many provided comments. Most comments related to coordination of activities (19), while others centred on funding issues (8), and specific gaps filled (7).

Comments Related to Coordination of Activities

Sixteen panellists from various organizational affiliations (predominately universities/foundations/research and community-based) cited various activities/creation of links as means by which NAS II has helped them to fill gaps in services with other organizations. These include:

- partnerships (5 mentions)
- coordination (5 mentions)
- collaborative projects (2 mentions)
- workplace programs
- Pacific AIDS Network
- liaisons

Many of these panellists agreed that working in conjunction with other organizations has helped in reducing gaps in services, and ensuring the appropriateness of such services.

> "We are currently working with another organization to ensure there are no gaps left, and to maintain cultural appropriateness for immigrant women."

Three panellists indicated that their funding requirements are based on partnerships with other organizations to ensure minimal gaps in services.

Funding

Eight panellists indicated that NAS II funding has helped to reduce gaps in services.

Specific Gaps Filled

Specific gaps filled included:

- education (2)
- teaching
- creation of a web site
- creation of professional monitoring of induced infection
- clinical trials across country
- more work on vaccines

A few panellists felt that the provision of relevant information, and increased awareness, had helped to fill gaps in services.

A number of other panellists (from all organizational affiliations except corrections-based organizations) did not see the issue in terms of "gaps" to be filled since their work was considered "unique", and thus limited their involvement with other organizations.

A variety of other comments, generally from panellists affiliated with universities/foundations/research and community-based organizations, were made concerning NAS II's inability to help reduce gaps in services. Some panellists felt they were not given any help from the Strategy (7 mentions) while others were simply not connected to NAS II (3 mentions).

> "Our goals and objectives are based on urgency (infections and death), rather than on NAS II needs."

A few negative comments were made by panellists who felt that NAS II did not place enough emphasis in their areas.

> "Information is not geared to us. The focus is too much on treatment and not enough on prevention."

Of the 18 replacement panellists, a few provided comments as to how NAS II has helped their organization to fill in gaps in service with other organizations. Six of the 18 panellists agreed that funding had helped to reduce gaps. Another two felt that NAS II would be unable to help due to the uniqueness of the work, while two others felt that NAS II had simply not helped to fill in gaps. One panellist affiliated with a community-based organization provided a negative response. This panellist felt that the partnership between NAS II and the organization in question was "forced".

There is little, if any, shift from Wave 1 to Wave 2 in the types of comments offered. Comments from both Wave 1 and Wave 2 are generally positive.

C.2.3. Avoiding Duplication

Panellists were asked if NAS II had helped their organization to avoid duplication of service with other organizations. The results are shown in Table 30.

TABLE 30
Perceptions of NAS II's Helping to Avoid Duplication of Services
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Help in avoiding duplicat. in service	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Yes	35	30	14	10	7	5	5	9	6	4	1	1	2	1
No	46	53	14	18	5	7	4	3	12	13	8	8	3	4
Not sure	9	9	3	3	1	2	3	0	1	2	1	1	0	1
DK/NA	4	2	0	0	1	0	1	1	1	1	0	0	1	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

There is a slight increase at Wave 2 in the proportion who feel NAS II has helped avoid duplication of service.

- As at Wave 1, a majority of panellists indicate that NAS II has not helped avoid duplication of services. However, as will be seen in the comments section, indicating "no" is not necessarily a criticism of the Strategy.
- At Wave 2, 35 of 94 felt NAS II has helped, compared to 30 of 94 at Wave 1.
- Among the organizational sub-groups, the Wave 2 findings are generally consistent with the overall trend.

For the 18 replacement panellists, nearly half (8) say NAS II has helped avoid duplication of service. This is similar to the proportion for other panellists (35 of 94).

Shown in Table 31 is the degree of "switching" of opinion on whether NAS II has helped avoid duplication of services.

TABLE 31
Degree of "Switching" of Ratings Regarding NAS II Helping to Avoid Duplication
(94 original panellists)

Wave 1	Wave 2			
	Yes	No	Not sure	Total
Yes	17	7	6	30
No	15	32	6	53
Not sure	3	5	1	9
Not stated	0	2	0	2
Original panellists	35	46	13	94

- A relatively high proportion (44 of 94) changed their rating at Wave 2.
- 15 panellists who said "no" at Wave 1 said "yes" at Wave 2, compared to only 7 who said "yes" at Wave 1, but said "no"at Wave 2.

The main reasons for the answers given regarding whether NAS II helped avoid duplication are revealing in that they often do not reflect criticism of the Strategy. Many panellists (all but corrections-affiliated) who responded "no" indicated that this was because they worked in a very specific/unique area (20). Another 7 panellists felt that NAS II could not help simply because there was "no duplication of efforts", while another 5 panellists saw it as incumbent on themselves to avoid duplication. Therefore, a response of "no" clearly does not imply a negative perception of the work NAS II has done to help avoid duplication.

A large number of panellists (32 of 35 who responded "yes" at Wave 2) felt that NAS II had helped them to avoid duplication in a variety of ways. These include:

- Increases in knowledge about other services (8 mentions)
- Better communication (5 mentions)
- Opportunities to work together (2 mentions)

- Networking (2)
- Conferences

Six panellists affiliated with corrections-related organizations and community based organizations felt that NAS II had helped them to avoid duplication. For example:

> "Keeping us on track with specific goals, consultations and information."

Another panellist affiliated with a hospital felt that the approval process of NAS II helped to avoid duplication.

> "The funds are rare and awarded in terms of originality of projects; therefore there is no duplication."

Some panellists, however, were critical of the Strategy, citing reasons such as administrative problems within NAS II (2 mentions), and problems with overlapping mandates (2 mentions). Four panellists affiliated with community based organizations and hospitals cited more critical reasons. These panellists felt that NAS II fostered duplication.

> "NAS II funds other organizations to do the same work that is already being done."

> "Drugs and treatment are funded provincially, yet the federal government still spends two million dollars on the same thing."

Three of the 18 replacement panellists felt that the approval process of NAS II helped them to avoid duplication. Another three of these panellists indicated they had no problems with duplication due to the uniqueness of their work.

A few critical responses were made; six replacement panellists felt that NAS II had done "little or nothing at all to help us avoid duplication".

As noted above, a majority of panellists still indicated that at Wave 2, NAS II had not helped them to avoid duplication of service. Nevertheless, the results from Wave 2 appear to be more positive than Wave 1. Many more panellists now cite specific activities/events in which NAS II's involvement has helped in the avoidance of duplication in services. There is also a general increase in the range of explanations from panellists who answered "no" to this question. (And, as noted above, many of these responses are not an indication of negativity, but rather of the uniqueness of the activities of some organizations.)

C.2.4. Provision of Opportunities to Meet/Coordinate

Panellists were asked whether NAS II provided them with the opportunity to meet with other individuals or organizations who were involved in similar activities, and whether they were able to coordinate their activities with others. Responses were closed-ended and included "no opportunity to meet and coordinate", "some opportunity", and "a great deal of opportunity". The results are shown in Table 32.

TABLE 32
Perceived Impact of NAS II on Ability to Coordinate Activities With Others
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Impact on Ability to Coord.	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
"No ability"	16	22	3	7	1	2	2	3	4	6	5	2	1	2
"Some ability"	40	46	13	16	7	7	5	7	9	6	5	7	1	3
"A great deal of ability"	33	25	14	8	4	5	5	2	7	8	0	1	3	1
DK/NA	5	1	1	0	2	0	1	1	0	0	0	0	1	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

- From Wave 1 to Wave 2 there was an increase in those indicating "a great deal of opportunity" to meet and coordinate with others, from 25 of 94 at Wave 1 to 33 of 94 at Wave 2.

- There was a decrease in those who felt NAS II provided no opportunities to meet/coordinate (from 22 of 94 at Wave 1 to 16 of 94 at Wave 2).

- Those affiliated with community-based organizations, associations and corrections-related organizations include higher proportions who at Wave 2 indicated "a great deal of opportunities" compared to Wave 1.

One third of the replacement panellists (6 of 18) indicated "no opportunity", compared to 16 of 94 original panellists who said this.

Shown in Table 33 is a summary of changes in magnitude and direction from Wave 1 to Wave 2 of perceptions of the extent to which NAS II has provided opportunities to meet with others individuals/organizations involved in similar/related activities, and to coordinate activities with them. It is based on a coding scheme where "no opportunity" is coded as "1", "some opportunity" is coded as "2", and "great deal of opportunities" is coded as "3".

TABLE 33
Perceived Impact of NAS II on Opportunity to Meet and Coordinate With Other Individuals/Organizations: Summary of Direction and Magnitude of Changes from Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **2 points less** than at Wave 1	1	0	0	0	0	0	1
Rating is **1 point less** than at Wave 1	19	6	3	1	5	4	0
Rating is **the same** as Wave 1	41	11	7	7	9	6	1
Rating is **1 point more** than at Wave 1	24	11	2	3	6	0	2
Rating is **2 points more** than at Wave 1	3	2	0	0	0	0	1
DK or NA to rating given	5	1	2	1	0	0	0
Rating given to DK or NA	1	0	0	1	0	0	1
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+9	+9	-1	+2	+1	-4	+2

- 27 of 94 gave a higher rating at Wave 2, compared to only 20 who gave a lower rating.
- Nearly half of panellists (41 of 94) gave the same rating at Wave 1 and Wave 2. The net shift is +9.
- Those associated with community-based organizations have the greatest positive shift.
- Those affiliated with organizations serving aboriginals on reserves show the greatest negative shift in opinion at Wave 2.

Panellists were asked if they had any suggestions to improve their ability to meet and coordinate with others. Many of the panellists provided a range of responses and suggestions to improve their ability to coordinate with others. These include: "meetings/partnerships" (21 mentions), "to allow for further networking" (15 mentions), "information sharing" (12 mentions), and "further funding" (7 mentions).

Meetings/partnerships

Twenty-one panellists felt that various forms of meetings/partnerships would help. These include:

- conferences (5 mentions)
- opportunities for gatherings (4 mentions)
- partnerships (4 mentions)
- forums (3 mentions)
- training
- workshops
- committees (i.e. that prioritize research activities)

Networking

Some panellists (15) affiliated with different organizations felt that networking would improve their ability to coordinate with others. Comments include:

> "Start networking locally, move regionally, then nationally."

> "We need more mechanisms to plan around working together."

One panellist affiliated with a corrections-related organization suggested:

> "All stakeholders should meet nationally to discuss how issues differ from province to province, especially in rural areas."

Information sharing

Twelve panellists provided suggestions relating to communication/information issues. Two of these panellists felt that information should be made more available to stakeholders. Another two panellists felt there was poor communication between the federal and provincial governments.

> "The federal government needs to play the broker role better."

A variety of other suggestions were made, including one suggestion by a panellist affiliated with an association to use electronic means (Internet) to communicate more efficiently with others.

Funding

Seven panellists (most affiliated with community-based organizations) felt that further/on-going funding would improve their ability to coordinate with others:

> "If we were sure that our funding would continue, we could spend more time on activities aimed at coordinating with others."

Coordination

A few panellists felt that better coordination among various components of NAS II would help to improve their ability to coordinate with others.

Other comments

A variety of panellists (13) from all organizational settings except those serving aboriginals on reserves, provided positive comments about their current ability to coordinate with others.

> "NAS II is doing a good job."
>
> "I feel really plugged into the scientific community."
>
> "We need to take responsibility in this role as well."

Of the 18 replacement panellists, four (all community-based) felt that better communications vehicles were needed (i.e. Internet). Two panellists felt that more opportunities for networking would improve their ability to coordinate with others. Two others cited meetings/forums, and another two panellists suggested further opportunities for partnerships/collaborations. Generally, comments were positive, rather than being critical of panellists' current ability to coordinate with others.

Suggestions for further funding to improve panellists' ability to coordinate with others decreased from Wave 1 to Wave 2. Wave 2 results indicated a stronger desire to make personal contact with various organizations through different means (i.e. forums, conferences, partnerships, electronic, etc.). It may be that as panellists are provided with more opportunities to meet, benefits of such activities become apparent, and further opportunities are then desired.

C.3 BALANCE

C.3.1. Perception of Current Balance in NAS II Activities

Panellists were asked if the current balance in the Strategy, for example between research, care, education or other activities, is appropriate. They were asked to answer "yes" or "no", or could indicate they did not know. Table 34 shows the results.

TABLE 34
Perceptions of Appropriate Balance in NAS II Strategy
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
App. Balance	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Yes	33	20	9	5	6	5	2	1	7	4	5	4	4	1
No	36	39	13	16	5	5	6	6	9	11	3	1	0	0
DK/NA	25	35	9	10	3	4	5	6	4	5	2	5	2	5
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

- The results indicate an increase at Wave 2 in the proportion who feel the current balance in the Strategy is appropriate (from 20 of 94 at Wave 1 to 33 of 94 at Wave 2)

- The proportion who feel the balance is not appropriate is somewhat higher than those who think it is appropriate (36 vs. 33). Also, the proportion who feel the balance is not appropriate was relatively constant from Wave 1 to Wave 2 (39 and 36 respectively).

Of the 18 replacement panellists, 7 of 18 indicated "yes", that the balance is appropriate. This is a similar proportion to the 33 of 94 other panellists who said "yes".

Shown in Table 35 is the degree of switching of opinion from Wave 1 to Wave 2 in the proportion who see the current balance in the Strategy as appropriate.

TABLE 35
Degree of "Switching" of Ratings in Perceptions of Appropriate Balance of NAS II Strategy
(94 original panellists)

Wave 1	Wave 2			Total
	Yes	No	Not sure	
Yes	11	9	0	20
No	10	21	8	39
Not sure	12	6	17	35
Original panellists	33	36	25	94

- Slightly more than half (49 of 94) did not change their opinions.
- Of the 39 panellists who felt the balance was not appropriate at Wave 1, 10 of these felt the balance was appropriate at Wave 2.

C.3.2 Reasons Current Balance Considered Inappropriate

Those panellists who felt the current balance of the Strategy was inappropriate were asked their reasons. (Some who said it was appropriate and some who said "Don't know" also added comments and these are included here also).

Need for research

The largest category of comments relating to Strategy balance concerns the need for, and role of research. There were 19 comments offered (most from panellists affiliated with hospitals and universities/foundation/researchers) relating to various concerns regarding research. Seventeen of the 19 panellists indicated a desire for a stronger emphasis on research activities and funds.

> "We need more focus on research aspects. Canada is a very poor player in this area."

> "Basic research is very important right now, funding should not have run out in this area."

One panellist felt that the evaluation process could be strengthened to ensure the usefulness of the research being conducted. Another thought that clinical and epidemiological research needed to be "rethought".

Need for more emphasis on education and prevention

There were 15 mentions, predominately from panellists affiliated with community-based organizations and associations, that cited a need for more funding for education and prevention.

> "More funds need to be directed towards education."

> "Invest more for the long term. The current prevention program is not effective."

Need for more care and community support

There were a total of 6 panellist comments regarding the need for further emphasis on care and community support. Most comments relate to the need for further resources.

> "Too few dollars are put into services that can be provided in the homes of people with AIDS, especially on reserves. Then we have to stay in the city for care, instead of our homes."

> "More funds need to go to community-based organizations."

Other

A few panellists made general remarks concerning the need for more funding in all areas of NAS II.

One panellist affiliated with a corrections-related organization who agreed with the current balance in the Strategy made an interesting observation.

> "There is always competition for funds; whichever area you are in, you will always think that area has the least amount of funding."

There were a few comments that could be construed as mildly negative. Such comments were generally directed to bureaucratic/administrative issues, and the need for further examination of the balance in the Strategy.

> "It was adequate during the past five years, but it needs to be increased for the next five years."

Of the 18 replacement panellists, few provided responses. Comments focussed on: research (2), education/prevention (2) and care/community support (3). Comments included:

> "We need more emphasis on care."
>
> "Not enough gender-specific research."
>
> "More funds need to be directed towards education".

The majority (11 of 18) of replacement panellists agreed with the appropriateness of the current balance of the Strategy, while two panellists "did not know". Only one negative comment was made regarding the current balance.

> "Hard to assess the balance in the Strategy when NHRDP work is hidden."

There were few shifts from Wave 1 to Wave 2 in the comments made about the current balance in the Strategy. About the same number of panellists provided comments, and the nature of the comments is consistent from Wave 1 to Wave 2. Nevertheless, there is an increase from Wave 1 to Wave 2 (20 vs. 33, respectively) of who feel that the current balance is appropriate, thus indicating an increase in overall support.

Resource Shifts Needed

A few panellists provided suggestions as to where the resources should be taken from to achieve a better balance in their view.

A total of 18 panellists from various backgrounds gave suggestions where resources could be taken. Of these, 5 panellists (affiliated with hospitals, associations and community-based organizations) mentioned education. Suggestions included:

> "The efficiency of the educational programs developed with funds from NAS II has not been demonstrated."
>
> "We need to do research to find out why education is not working. How many posters and films can be made about the same thing?"

Three panellists felt that resources could be taken from care, and two others felt resources could be taken from the private sector.

An additional two panellists felt that resources could be found if cuts were made in spending by the bureaucracyù;

> "I am amazed by the lack of accountability - there are too many levels to AIDS organizations, the dollars could be saved on eliminating duplication, and better coordination."

A variety of other suggestions concerning resource allocation were made including: prevention, treatment, research, and a tax on tobacco and alcohol.

Six panellists called for there to be more resources, without taking resources from other AIDS related activities.

> "Increase resources but not from other areas of the Strategy."

As well, three panellists (community-based) felt provincial governments should be made more accountable to fund AIDS related work.

Of the 18 replacement panellists, a limited number provided suggestions as to where resources should be taken. Responses include: military (1), bureaucracy (1), M.P. pensions (1), and more resources, but not from Strategy (1).

Although response patterns differ from Wave 1 to Wave 2 (i.e. decrease in mentions of research, increase in mentions of education), it is apparent that more than one third of panellists are still concerned about the current balance in the Strategy.

C.3.3. Overall Effectiveness

Another measure of perceived balance in the Strategy is ratings of its "overall effectiveness" at this point in time. Panel members answered on a five point scale, where "1" means "not at all effective" and "5" means "very effective". The results are shown in Table 36.

TABLE 36
Perceived Overall Effectiveness of NAS II
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on "Effect."	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	12	23	4	9	1	1	3	2	3	7	1	2	0	2
3	27	27	9	5	3	8	4	3	6	7	3	2	2	2
4 and 5	44	27	16	12	7	4	5	5	9	2	5	4	2	0
DK/NA	11	17	2	5	3	1	1	3	2	4	1	2	2	2
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6
Mean*	3.5	3.0	3.5	3.1	3.6	3.2	3.3	3.2	3.4	2.6	3.4	3.3	3.5	2.3

*Those providing numerical rating.
**NOTE: Based on a t-test for paired samples the difference between means is statistically significant at the .01 level.

- The results indicate a shift towards assigning positive ratings to the "overall effectiveness" of NAS II, from Wave 1 to Wave 2. The average score increased from 3.0 out of 5 at Wave 1 to 3.5 at Wave 2, and the difference is statistically significant.

- The proportion assigning positive ratings of "4" or "5" increased from 27 of 94 at Wave 1 to 44 of 94 at Wave 2 (i.e. about half the panellists).

- Those assigning "negative" ratings of "1" and "2" decreased from 23 at Wave 1 to only 12 at Wave 2.

- All organizational affiliation sub-groups had higher average scores at Wave 2 than at Wave 1. The largest positive shifts were among those related to corrections (from a mean of 2.3 at Wave 1 to 3.5 at Wave 2) and those with universities/foundations (from a mean of 2.6 at Wave 1 to 3.4 at Wave 2).

For the 18 replacement panellists, the average rating was 3.5, which is identical to the average of 3.5 for other panellists. Only 5 of 18 gave ratings of "3" or less, compared to 39 of 94 other panellists.

Shown in Table 37 is a summary of the direction and magnitude of changes from Wave 1 to Wave 2 in the ratings regarding the overall effectiveness of NAS II.

TABLE 37
Ratings of NAS II on Overall Effectiveness: Summary of Direction and Magnitude of Changes from Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr
Rating is **2 points less** than at Wave 1	1	0	0	0	0	1	0
Rating is **1 point less** than at Wave 1	8	4	1	2	0	0	1
Rating is **the same** as Wave 1	39	12	6	6	8	6	1
Rating is **1 point more** than at Wave 1	24	6	5	3	5	2	3
Rating is **2 points more** than at Wave 1	5	2	0	0	2	0	1
Rating is **3 points more** than at Wave 1	2	2	0	0	0	0	0
Rating is **4 points more** than at Wave 1	1	0	0	0	1	0	0
DK or NA to rating given	4	1	2	0	1	0	0
Rating given to DK or NA	10	4	0	2	3	1	0
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+34	+12	+4	+1	+13	0	+4

The ratings indicate a positive shift in perceptions of NAS II at Wave 2.

- 32 panellists gave higher ratings at Wave 2, compared to only 9 who gave lower ratings.
- Close to half (39 of 94) gave the same rating. There is a noticeable proportion, however, who shift from having given a rating at Wave 1 to NA/DK (10 panellists).
- The net shift in ratings is +34.
- The largest increase in positive ratings is among those associated with universities/foundations/research, at +13 (7 of 20 rate it higher at Wave 2 compared to none who rate it lower).

Clues to panellists' perceptions of Strategy balance and effectiveness are also provided by answers to open-ended questions about:
- most successful aspects
- weakest aspects
- most significant impact of NAS II overall, and
- single most important change to improve future federal role in AIDS.

3.4 Perceptions of Most Successful Aspects of NAS II

All panellists (original and replacement) were asked an open-ended question about what thing(s), if any, they would identify as the most successful aspects of NAS II. The responses can be grouped into a number of broad categories.

Infrastructure/Support Through Funding

There were 26 mentions of the funding of activities as being a most successful aspect of NAS II. A few illustrative comments are presented below.

> "The National Treatment Information Network arose from NAS II funding."
>
> "NAS II provided funding to many creative services/activities that were needed."
>
> "NAS II's grant proposal system."
>
> "NAS II funding of drug, disease and treatment research has been excellent."
>
> "The money was well spread out, not concentrated on one activity."

> "The funding helped the structuring of community organizations."

> "It has provided a coherent strategy and framework for funding."

Support/Care and Community Focus

There were 15 mentions of the community focus and care and support provided through NAS II being a most successful aspect.

> "The support has provided visibility for community-based organizations."

> "Communities now have the power to look after their own problems."

> "The collaboration and support to provide for community-based initiatives."

Awareness of HIV/AIDS as a National Issue

There were 14 mentions of the Strategy helping to build and reinforce awareness of AIDS in the community. This included acknowledgement of AIDS as a serious problem being given credibility as a result of the federal government's AIDS Strategy. As one panellist indicated:

> "NAS II has put a human face to AIDS, especially in rural areas where denial is greatest."

Resource Materials/Information

There were 14 mentions of resource materials/information being a most successful aspect of NAS II. Comments included:

> "We appreciate all the information."

> "It supported the best HIV information and documentation in the world. It is universally admired."

Research

There were 14 mentions of research as being a most successful aspect of NAS II. Comments included:

> "A research community was established."

> "Research funding; the NHRDP is the shining light of how money is well used."
>
> "The ability to establish an effective AIDS research program in Canada."
>
> "Non-medical research."
>
> "Dissemination of research findings."

Education

There were 12 mentions of the educational components of NAS II being a most successful aspect.

> "Education has led to the awareness that the disease is one hundred percent preventable."
>
> "The educational programs have been great."

Coordination

There were 10 mentions of coordination as a most successful aspect of NAS II.

> "It has provided leadership."
>
> "It has helped prioritize things."
>
> "Coordination of activities"
>
> "Coordination of a range of organizations"

Networking/Links

There were five mentions of networking as a most successful aspect:

> "The Canadian HIV Trials Network has led to national networks."
>
> "Conferences and seminars"

Medical Services

There were five mentions of more medical services and treatment being available to persons with HIV/AIDS as a most successful aspect of NAS II.

Health Canada staff

There were two specific mentions of national and regional Health Canada staff as being a most successful aspect:

> "The national and regional staff are great."

Among the 18 replacement panellists, the distribution of responses was not unlike the comments of original panellists. The categories of answers about the most successful aspects and number of mentions include: "Infrastructure/support" (7 mentions), "Support/Care and community focus" (4 mentions), "National issue/awareness" (4 mentions), "Resource materials/information" (2 mentions), "Medical" (2 mentions), and "Education" (1 mention).

C.3.5 Weakest Aspects of NAS II

All panellists were asked what things, if any, they would identify as the weakest parts of the NAS II Strategy. The responses are presented here, grouped into broad categories.

Funding Issues

There were 25 mentions related to funding as the weakest part of the NAS II Strategy. This includes, particularly, mentions of lack of funding or insufficient funding.

> "We are not given funds to buy food for our clients, even though this is a huge aspect in health promotion."

> "The Strategy does not fund direct services. I can't hire a counsellor because this would not be funded."

Funding related comments also include several (14) mentions of decision-making about funds as a weakest part of the NAS II Strategy.

> "Poor decision-making about funds; there is too much concentration in Central Canada."

> "Uncertainty about continual funding after 5 years."

> "The internal allocation of funds to and within Health Canada -- we have no idea where it goes."

> "NAS II will 'sunset'."

Strategic Issues

There were 16 mentions of the NAS II Strategy being weak.

> "There is a lack of continuity, and there is uncertainty between phases."

> "The epidemic has changed. No longer are just gay men infected, but the Strategy has not changed (i.e. need for more services for marginalized groups and drug users)."

> "The Strategy lacks concrete objectives."

> "The lack of evaluation of activity in the promotion of health and in education."

Coordination

There were 14 mentions of NAS II's coordination being the weakest part of the Strategy.

> "There are different objectives across Canada."

> "Nobody knows what each area is working in. Coordination with NAS II is very poor."

> "Nobody knows what has been done and is being done within NAS II."

> "Coordination with the provinces is very poor. NAS II is not really national. It has no clout with other departments, and does not coordinate its activities with the provinces."

> "There is a very weak link between the federal and provincial governments."

Administration

There were 11 mentions of the administration of NAS II as being its weakest aspect.

> "Communication with bureaucrats is cumbersome."

> "The agenda is always changing."

> "The federal program does not consider for inclusion those organizations that are not AIDS specific."

> "The organizational structure is convoluted, and the paperwork is clumsy."

Information sharing/Input

There were 10 mentions related to communications about the Strategy and receiving input as being the weakest part of the Strategy.

> "The lack of promotion of the services of NAS II, its visibility is a weak aspect. We only hear about it when its existence is being evaluated."

> "Information does not filter down to the community level."

> "The communications people at Health Canada do not involve the various partners in developing the communications strategy, and they do not invest the necessary funds in communications."

Care/Support/Education/Prevention

There were only a few (4) mentions of care, education, and support as being the weakest part of the Strategy.

Among the 18 replacement panellists, things mentioned as being the weakest parts of NAS II included: "Coordination (4 mentions), "Care/Support/Education" (3 mentions), "Administration" (2 mentions), "Communications/Information" (2 mentions), and "Funding" (1 mention).

In overall terms, it is interesting to note that there were more comments about the most successful aspect of NAS II than about its weakest aspect.

C.3.6 Most Significant Impact of NAS II Overall

All panellists were asked what, in their view, has been the most significant impact of NAS II overall.

Infrastructure/Support

There were 24 mentions of the infrastructure/support provided through NAS II as its most significant impact.

> "It provided a framework: an excellent example of how the health sector re-oriented itself."

"NAS II funding has been critical for many organizations."

"It has allowed many community groups to become established and has provided infrastructure."

"Support of ASOs and ASO projects."

Awareness of AIDS and AIDS as a National Issue

Among the original panellists there were 18 mentions of raised awareness of AIDS as being the most significant impact of the Strategy.

"Many communities have taken action as a result of NAS II."

"People got over their AIDS phobia."

"Awareness among the general public, caregivers, and people with HIV."

"Canada itself gained an international presence and reputation with the work in AIDS."

Research

There were 17 mentions of research being NAS II's most significant impact overall.

"Biomedical research."

"Results of basic research."

"Funding for non-medical research."

"Getting young researchers involved in AIDS."

Education

There were 15 mentions of educational activities as being the most significant impact of NAS II.

"AIDS rates have decreased in Canada."

Support/Care and Community Focus

There were 10 mentions of care/support and community focus.

> "It gave credibility to efforts, and compassion for AIDS as a service issue in communities."

> "It provided a model for development of care and services which is being used in other areas (e.g. breast cancer)."

> "Support for people with HIV/AIDS."

Networking/Organizational Links

There were 9 mentions of linkages established being the most significant impact.

> "Working with all organizations."

> "Working with provincial governments."

> "Community organizations and researchers have been able to agree on a strategy It is unique and powerful."

Medical

There were eight mentions relating to medical services as the most significant impact of NAS II.

> "There have been great strides in patient care."

> "The new drugs."

> "Clinical research."

> "Treatment and research are a success story."

Resource Materials/Information

There were six mentions of NAS II's resource materials representing its most significant impact overall.

Among the 18 replacement panellists, the categories of answers about the most significant impact of NAS II overall included: "National issues/raised awareness" (6 mentions), "Education" (4 mentions), "Support/Care and Community Focus" (3 mentions), "Medical" (3 mentions), "Infrastructure/support" (2 mentions), "Coordination" (2 mentions), "Resource materials/Information" (1 mention), and "Research" (1 mention).

C.3.7 Single Most Important Change to Improve the Future Federal Role in AIDS

All panellists were asked to name the single most important change, if any, that they would recommend to improve the future federal role in AIDS.

Change related to funding

There were 32 mentions related to funding. Many of these comments stressed the need for either more, or at least continued, funding. Some of the remarks include:

> "No more waiting until the last minute to renew funding."
>
> "A group such as ours (a very small centre) should get continuous funding so that we can avoid asking for grants continuously."
>
> "We need to ensure funding for research. Since there are very few tenured positions some people's only means of support is through research funding."

One panellist focussed on a strategic funding consideration:

> "The government should focus on helping organizations to build infrastructure to be more self-sustaining."

Another five panellists mentioned continued and increased funding, and fewer constraints on funding.

Related to funding issues, there were 13 mentions of the need for continuance of the Strategy and long term planning.

Change related to priorities, leadership and Strategy refinement

Another 22 mentions concerned issues of prioritization, leadership and refinement of the Strategy and its objectives. Examples include:

> "It should develop and do needs assessment on an on-going basis."
>
> "Prioritize, do not wait four years to respond to changing needs."
>
> "It needs concrete objectives that people can work towards. Strategy currently lacks this."
>
> "It needs better leadership within government - a more overt leadership role by government."
>
> "'Feds.' should be more confident in their role and leadership than was shown at the international conference."
>
> "There is a need for advocacy within Health Canada. There used to be internal advocates, but not any more."

Other changes

Another 14 mentions were diverse but concerned particular areas in which the federal role could be more targeted or focussed. These included:

> "More emphasis on public awareness."
>
> "Concentrate on research and treatment."
>
> "We need a strong and consistent message that the epidemic is not over."
>
> "Need more support for prevention now that the epidemic has lost its urgency. Need to measure the benefits of a prevention program."
>
> "Bring prevention, education and research to an equal level to care, treatment and support."
>
> "The federal government should do a comprehensive strategy on harm reduction (like Australia)."

Change in government approach

There were about a dozen mentions related to the federal government's approach. Examples include:

> "Stop being exclusionary. Involve all target groups and all community-based organizations trying to help."
>
> "Provide opportunities for the integration of research with support and education. Do not put research results on the shelf."
>
> "Establish networks."
>
> "Establish an HIV/AIDs organizational committee (that is wider in representation than NAC AIDS)."
>
> "Have one representative from each province, etc. to decide on NAS III. Not the system being used now."

Change in coordination of the Strategy

Among the original panellists there were about a dozen mentions of issues relating to coordination. Remarks included:

> "Integrate and coordinate a true national AIDS Strategy."
>
> "Need better coordination with the provinces; some are still not on board. Who knows where things are going when the provinces are ducking out?"
>
> "It needs better coordination and planning of all activities, including small rural organizations."

Change in information sharing/input

There were three mentions of issues concerning communication and input:

> "It needs to be more sensitive to Aboriginal traditions, and AIDS communities that do not want medical treatment."
>
> "It needs more publicity, so that grass roots organizations can hear about it and know what is important."

> "It needs more publicity, so that grass roots organizations can hear about it and know what is important."
>
> "It needs communication of what needs adjusting and efforts made to correct problems."
>
> "Listen to community-based organizations. They have direct contact."

Change in commitment level

There were three mentions of continued commitment to the Strategy. These included:

> "More services for children and families (not just gay people)."
>
> "More programs in small urban centres with more service options for First Nations people."
>
> "Continue the Strategy but with a focus only on HIV/AIDS rather than incorporating it with other public health strategies."

Change in access to information/materials

There were three mentions of having better access to information and materials.

> "Provide more information to rural areas."
>
> "We need more materials, but in the language of young people."

A few other remarks on advocacy and equity were offered:

> "Take a more proactive stand on all issues, including advocacy issues of human rights."
>
> "Ensure equitable access to drugs for treatment."

C.4 INFORMATION

Selected questionnaire items related to panellists' assessments of how well the Strategy is doing in relation to the quality of its information: amount, quality, timeliness, dissemination, etc.

C.4.1. General Relevance/Usefulness of NAS II

Panellists were asked the extent to which NAS II funding, products and services had been relevant and useful to them, using a three point scale where "1" means "little or no use", "2" means "some use" and "3" means " great deal of use". The results are shown in Table 38.

TABLE 38
Relevance/Usefulness of NAS II Funding, Products, and Services
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
"Useful"	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
"Little or no use"	11	20	3	7	1	1	1	2	3	6	2	2	1	2
"Some use"	18	23	6	7	4	5	2	4	3	2	1	4	2	1
"A great deal of use"	64	51	22	17	8	8	10	7	14	12	7	4	3	3
NA	1	0	0	0	1	0	0	0	0	0	0	0	0	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

There is an increase in the perceived relevance and usefulness of NAS II at Wave 2 compared to Wave 1.

- Only 11 of 94 panellists at Wave 2 indicated that NAS II funding, products, and services had been of little or no use to them. Also, the proportion who indicate NAS II was of "little or no use" to them decreased from 20 of 94 at Wave 1 to 11 of 94 in Wave 2.

- The proportion indicating "a great deal of use" rose from 51 of 94 at Wave 1 to 64 of 94 at Wave 2.

This pattern is generally consistent for all sub-groups of organizational affiliation.

For the 18 replacement panellists, the distribution of answers was similar to the other 94 panellists: 4 of 18 said "little or no use", 3 of 18 said "some use", and 10 of 18 said "a great deal of use".

Shown in Table 39 is a summary of the changes in the magnitude and direction of perceptions of the extent to which NAS II funding, products and services have been relevant and useful. It is based on a coding scheme where "little or no use" is coded as "1", "some use" is coded as "2", and "a great deal of use" is coded as "3".

TABLE 39

Perceived Extent to Which NAS II Funding, Products and Services Have Been Relevant and Useful: Summary of Direction and Magnitude of Changes from Wave 1 to Wave 2

(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **1 point less** than at Wave 1	7	1	2	1	1	1	1
Rating is **the same** as Wave 1	63	23	8	8	15	6	3
Rating is **1 point more** than at Wave 1	16	4	3	3	2	2	2
Rating is **2 points more** than at Wave 1	7	3	0	1	2	1	0
DK or NA to rating given	1	0	1	0	0	0	0
Rating given to DK or NA	0	0	0	0	0	0	0
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+23	+9	+1	+4	+5	+3	+1

The results show higher ratings by about one quarter of these panellists.

- 23 of 94 gave higher ratings, including seven who moved from a rating of "little or no use" at Wave 1 to "a great deal of use" at Wave 2.
- Only 7 of 94 gave lower ratings at Wave 2.
- About two thirds (63 of 94) gave the same rating at Wave 2 as at Wave 1.
- The net shift in ratings is +23.
- The pattern of more positive ratings is found across all organizational affiliations.

Comments on relevance/usefulness of NAS II funding, products and services

Panellists were asked their reasons for their perceived usefulness of NAS II funding, products and services. Some made more than one comment. As seen below, many of these comments related to funding in relation to NAS II.

"Little or no use"

Eleven of the original 94 panellists were in this group at Wave 2, compared to 20 at Wave 1.

At Wave 2, no response was mentioned by more than one panellist except for "not directly affected", which was mentioned by two panellists. Some of the individual responses included:

"NAS not appropriate in many situations"
"We got no federal funding"
"Used as resource tools"

Of the four replacement panellists saying "little or no use", three said they receive no federal funding, and one had not heard of NAS II.

"Some use"

Eighteen of the original 94 panellists were in this group at Wave 2, compared to 23 at Wave 1. The bulk of answers revolved around having received (project) funding through NAS II.

"Research projects" (3 mentions, 2 by hospital affiliated panellists)
"Project funding" (4 mentions)
"Resource tools/materials" (4 mentions)

An additional three responses noted that "NAS was not appropriate in many situations (2 mentions), or the panellist's activities "were not directly affected" (1 mention).

The three replacement panellists indicating "some use" gave reasons similar to other panellists in this category, including one response of "not directly affected".

"Great deal of use"

Sixty-four of 94 original panellists were in this category at Wave 2, compared to 51 of 94 at Wave 1.

At Wave 2 a number of reasons were mentioned for NAS II being a "great deal of use":

> "Research funding/projects." (28 mentions)
> "(We) depend on federal resources for (core) funding." (15 mentions)
> "Resource tools from NAS. " (9 mentions)
> "Materials (through the Clearinghouse)." (8 mentions)
> "Could not exist without it." (7 mentions)

A variety of other reasons were given by a few panellists each.

For the 10 of 18 replacement panellists indicating "a great deal of use", five said their projects were funded by NAS II, and four indicated the reason of NAS II materials (through the Clearinghouse). Other responses included "we depend on federal resources" (2 mentions), "NAS II leadership role" (2 mentions) and various single response answers. Overall, the distribution of responses is similar to the other panellists.

C.4.2. Availability of Information About NAS II

Panel members rated the availability and usefulness of information about NAS II on a 5 point scale where "1" means "very poor" and "5" means "excellent". Ratings for the availability of information about NAS II are shown in Table 40.

TABLE 40
Perceptions of Availability of Information About NAS II
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on "Avail of Info."	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	17	27	5	10	5	4	3	3	3	6	1	3	0	1
3	41	28	12	5	5	8	6	5	10	5	5	3	3	2
4 and 5	29	32	12	13	4	2	3	3	5	8	3	3	2	3
DK/NA	7	7	2	3	0	0	1	2	2	1	1	1	1	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6
Mean*	3.2	3.0	3.3	3.1	2.9	2.8	3.0	2.8	3.2	3.2	3.3	2.9	3.4	3.3

*Those providing numerical rating.

Perceptions about the availability of information from NAS II are essentially the same, as at Wave 1.

- Those giving high ratings of "4" and "5" decreased from 32 of 94 at Wave 1 to 29 of 94 at Wave 2.
- Those giving low ratings of only "1" or "2" also decreased, from 27 of 94 at Wave 1, to 17 of 94 at Wave 2.
- The average rating for perception of the availability of information about NAS II rose from 3.0 at Wave 1 to 3.2 at Wave 2.

- More "neutral" ratings of 3 increased from 28 of 94 to 41 of 94 at Wave 2.

- This pattern holds generally true across all organizational affiliations.

For the 18 replacement panellists, the average rating was 3.2, the same as for the other 94 panellists. The distribution of scores was very similar also to other panellists.

Shown in Table 41 is a summary of the direction and magnitude of changes in the ratings of panellists' perceptions of the availability of information about NAS II.

- 29 of 94 assign higher ratings at Wave 2, while 24 assign lower ratings at Wave 2.

- Overall, there was a positive shift of +11 points.

For two of the organizational affiliation sub-groups, there is a slight decrease in perceived availability of information (corrections related and associations). Those with hospitals and associations assign ratings which are similar to Wave 1 in terms of net shift. However, there is a high degree of shifting of opinions.

TABLE 41
Ratings of NAS II on Availability of Information: Summary of Direction and Magnitude of Changes From Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **4 points less** than at Wave 1	1	1	0	0	0	0	0
Rating is **3 points less** than at Wave	0	0	0	0	0	0	0
Rating is **2 points less** than at Wave 1	6	2	1	0	2	0	1
Rating is **1 point less** than at Wave 1	17	5	3	5	3	1	0
Rating is **the same** as Wave 1	29	8	4	3	7	3	4
Rating is **1 point more** than at Wave 1	19	7	6	1	4	1	0
Rating is **2 points more** than at Wave 1	7	1	0	2	1	3	0
Rating is **3 points more** than at Wave 1	1	1	0	0	0	0	0
Rating is **4 points more** than at Wave 1	2	2	0	0	0	0	0
DK or NA to rating given	5	1	0	0	2	1	1
Rating given to DK or NA	5	2	0	1	1	1	0
DK or NA at Wave 1 and Wave 2	2	1	0	1	0	0	0
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+11	+7	+1	0	-1	+6	-2

C.4.3 Usefulness of Information About NAS II

Panellists rated the usefulness of information about NAS II on the same 5 point scale. The results are shown in Table 42.

TABLE 42
Perceptions of Usefulness of Information About NAS II
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on "Use"	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	**17**	18	**6**	8	**4**	2	**1**	1	**3**	6	**2**	1	**1**	0
3	**28**	33	**7**	7	**4**	6	**6**	6	**6**	6	**3**	4	**2**	4
4 and 5	**38**	30	**15**	12	**5**	5	**5**	3	**7**	5	**4**	4	**2**	1
DK/NA	**11**	13	**3**	4	**1**	1	**1**	3	**4**	3	**1**	1	**1**	1
Original panellists	**94**	94	**31**	31	**14**	14	**13**	13	**20**	20	**10**	10	**6**	6
Mean*	**3.2**	3.2	**3.2**	3.1	**3.1**	3.2	**3.5**	3.1	**3.3**	3.0	**3.2**	3.4	**3.2**	3.2

*Those providing numerical rating.

- A higher proportion (38 of 94) gave high ratings of "4" or "5" on the usefulness of information about NAS II at Wave 2 than at Wave 1 (30 of 94).
- The findings are generally consistent across various organizational affiliations.

For the 18 replacement panellists, the average rating was 3.4, compared to 3.2 for other panellists. The distribution of responses is nearly identical to other panellists.

Shown in Table 43 is a summary of the direction and magnitude of changes in the ratings of panellists' perceptions about the usefulness of information about NAS II.

TABLE 43
Ratings of NAS II on Usefulness of Information:
Summary of Direction and Magnitude of Changes From Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **3 points less** than at Wave 1	1	1	0	0	0	0	0
Rating is **2 points less** than at Wave 1	4	2	1	0	0	1	0
Rating is **1 point less** than at Wave 1	11	4	2	2	1	1	1
Rating is **the same** as Wave 1	35	10	6	4	9	3	3
Rating is **1 point more** than at Wave 1	18	6	2	3	3	3	1
Rating is **2 points more** than at Wave 1	5	2	1	1	1	0	0
Rating is **3 points more** than at Wave 1	1	1	0	0	0	0	0
DK or NA to rating given	6	1	1	0	3	1	0
Rating given to DK or NA	8	2	1	2	2	1	0
DK or NA at Wave 1 and Wave 2	5	2	0	1	1	0	1
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+9	+2	0	+3	+4	0	0

- 24 panellists gave higher ratings at Wave 2 than at Wave 1, compared to 16 who gave lower ratings at Wave 2.

- There is a slight positive net shift of +9 in ratings, accounted for by those affiliated with universities/foundations/research (+4), associations (+3), and community-based organizations (+2).

C.4.4 Quality of Information (five attributes) Disseminated by NAS II

All panellists rated the quality of information disseminated by NAS II in their own main field of activity. Quality of information was rated in terms of five attributes; availability, completeness, timeliness, accuracy and usefulness. Each attribute was rated on a 5 point scale where "1" means "very poor" and "5" means "excellent".

Availability

Ratings of the availability of information disseminated by NAS II are shown in Table 44.

TABLE 44
Availability of Information From NAS II
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on "Avail. of Info."	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	20	31	5	9	4	9	3	1	4	6	1	4	3	2
3	25	13	6	6	5	0	3	2	5	3	5	1	1	1
4 and 5	38	34	18	14	4	3	4	6	8	5	3	4	1	2
DK/NA	11	16	2	2	1	2	3	4	3	6	1	1	1	1
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6
Mean*	3.2	3.1	3.6	3.2	2.9	2.4	3.1	3.8	3.2	2.9	3.2	3.1	2.2	3.0

*Those providing numerical rating.

- A slightly higher proportion (38 of 94) gave positive ratings of "4" or "5" at Wave 2 than at Wave 1 (34 of 94). Also, only 20 gave ratings of "1" or "2" at Wave 2, compared to 31 at Wave 1.

- The proportion not offering an opinion dropped from Wave 1 (16) to Wave 2 (11).

- While the Wave 2 ratings were on average higher for other sub-groups, those with associations and those with corrections-related organizations gave lower average ratings at Wave 2 than at Wave 1.

For the 18 replacement panellists, the average score is 3.5, higher than the average of 3.2 for other panellists. The difference is at the low end of the ratings. Only 1 of 18 gave a rating of "1" or "2", compared to 20 of 94 other panellists who gave a rating of "1" or "2".

Shown in Table 45 is a summary of the direction and magnitude of changes in the ratings of panellists' perceptions about the availability of information that is disseminated by NAS II in their main field of activity.

TABLE 45

Ratings of NAS II on Availability of Information Disseminated in Panellists' Fields of Activity: Summary of Direction and Magnitude of Changes From Wave 1 to Wave 2

(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **4 points less** than at Wave 1	2	0	0	1	0	0	1
Rating is **3 points less** than at Wave 1	0	0	0	0	0	0	0
Rating is **2 points less** than at Wave 1	6	3	0	1	1	1	0
Rating is **1 point less** than at Wave 1	13	4	3	1	2	2	1
Rating is **the same** as Wave 1	28	10	2	5	7	2	2
Rating is **1 point more** than at Wave 1	13	6	1	0	2	3	1
Rating is **2 points more** than at Wave 1	8	1	4	0	2	1	0
Rating is **3 points more** than at Wave 1	3	2	1	0	0	0	0
Rating is **4 points more** than at Wave 1	2	2	0	0	0	0	0
DK or NA to rating given	3	1	1	1	0	0	0
Rating given to DK or NA	8	1	2	2	3	0	0
DK or NA at Wave 1 and Wave 2	8	1	0	2	3	1	1
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+13	+12	+9	-7	+2	+1	-4

There is variation in the ratings across organizational affiliations. Those with associations and corrections-related organizations gave lower ratings.

- 26 panellists gave a higher rating at Wave 2 than at Wave 1, while 21 gave a lower rating at Wave 2.

Completeness

Ratings of the completeness of information dissemination by NAS II are shown in Table 46.

TABLE 46
Completeness of Information From NAS II
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on "Comp."	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	13	23	3	5	3	4	2	3	3	7	1	3	1	1
3	22	17	7	9	3	3	3	3	6	2	2	0	1	0
4 and 5	44	35	19	12	5	5	4	4	8	5	6	6	2	3
DK/NA	15	19	2	5	3	2	4	3	3	6	1	1	2	2
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6
Mean*	3.4	3.2	3.6	3.3	3.1	3.1	3.2	3.2	3.2	2.8	3.6	3.4	3.8	3.6

*Those providing numerical rating.

- Those giving positive ratings of "4" or "5" increased from 35 of 94 at Wave 1 to 44 of 94 at Wave 2.
- Those giving negative ratings of "1" or "2" decreased by a similar proportion, from 23 of 94 to 13 of 94.
- The average rating given for the completeness of information in panellists' main field of activity increased from 3.2 at Wave 1 to 3.4 at Wave 2.

- The findings are generally consistent across various organizational affiliation sub-groups.

For the 18 replacement panellists, the average score is 3.6, compared to the average of 3.4 for other panellists. Of the 18, 11 gave ratings of "4" or "5", compared to 44 of 94 other panellists.

Shown in Table 47 is a summary of the direction and magnitude of changes in the ratings of panellists' perceptions about the completeness of information in their main field of activity that is disseminated by NAS II.

TABLE 47
Ratings of NAS II on Completeness of Information Disseminated in Panellists' Fields of Activity:Summary of Direction and Magnitude of Changes From Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **4 points less** than at Wave 1	1	1	0	0	0	0	0
Rating is **3 points less** than at Wave 1	0	0	0	0	0	0	0
Rating is **2 points less** than at Wave 1	1	0	0	1	0	0	0
Rating is **1 point less** than at Wave 1	14	3	3	2	3	3	0
Rating is **the same** as Wave 1	32	12	5	2	6	4	3
Rating is **1 point more** than at Wave 1	12	5	1	3	3	0	0
Rating is **2 points more** than at Wave 1	5	2	0	0	1	2	0
Rating is **3 points more** than at Wave 1	4	2	1	0	1	0	0
Rating is **4 points more** than at Wave 1	0	0	0	0	0	0	0
DK or NA to rating given	6	1	2	2	0	0	1
Rating given to DK or NA	10	4	1	1	3	0	1
DK or NA at Wave 1 and Wave 2	9	1	1	2	3	1	1
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+14	+8	+1	-1	+5	+1	0

There is a slight overall positive shift in the ratings on completeness of information from NAS II at Wave 2.

- 21 gave a higher rating at Wave 2, compared to 16 who gave a lower rating. There is a net positive shift of +14 points.
- About one third gave a similar rating at Wave 1 and Wave 2 (32 of 94).
- Most of the positive shift is accounted for by those with community-based organizations, and those with universities/foundations.

Timeliness

Ratings of the timeliness of information disseminated by NAS II are shown in Table 48.

TABLE 48
Timeliness of Information From NAS II
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on "Timely Info"	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	**21**	28	**8**	9	**5**	7	**3**	3	**4**	6	**1**	2	**0**	1
3	**23**	20	**7**	5	**3**	3	**4**	4	**3**	3	**2**	3	**4**	2
4 and 5	**33**	27	**13**	10	**3**	2	**2**	3	**9**	7	**5**	3	**1**	2
DK/NA	**17**	19	**3**	7	**3**	2	**4**	3	**4**	4	**2**	2	**1**	1
Original panellists	**94**	94	**31**	31	**14**	14	**13**	13	**20**	20	**10**	10	**6**	6
Mean*	**3.1**	2.9	**3.1**	3.0	**2.7**	2.5	**2.8**	3.1	**3.1**	2.9	**3.9**	3.1	**3.2**	3.4

*Those providing numerical rating.

There is an increase in positive ratings from Wave 1 to Wave 2.

- Those giving positive ratings of "4" or "5" increased from 27 of 94 at Wave 1 to 33 of 94 at Wave 2.
- Those giving ratings of "1" or "2" decreased from 28 of 94 at Wave 1 to 21 of 94.
- The average rating increased from 2.9 out of 5 at Wave 1 to 3.1 out of 5 at Wave 2.
- This pattern of responses generally is consistent across organizational affiliations, except for lower ratings among those with associations and those corrections-related organizations.

For the 18 replacement panellists, the average score is 3.9, higher than the average of 3.1 for other panellists. More than half (11 of 18) gave ratings of "4" or "5", compared to about one third (33 of 94) of other panellists.

Shown in Table 49 is a summary of the direction and magnitude of changes in the ratings of panellists' perceptions of the timeliness of information in panellists' main fields of activity disseminated by NAS II.

TABLE 49

Ratings of NAS II on Timeliness of Information Disseminated in Panellists' Fields of Activity: Summary of Direction and Magnitude of Changes From Wave 1 to Wave 2 (94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **3 points less** than at Wave 1	3	1	0	1	1	0	0
Rating is **2 points less** than at Wave 1	5	0	1	1	0	1	2
Rating is **1 point less** than at Wave 1	13	9	1	1	2	0	0
Rating is **the same** as Wave 1	24	6	2	4	8	3	1
Rating is **1 point more** than at Wave 1	12	2	5	1	2	1	1
Rating is **2 points more** than at Wave 1	6	1	1	0	1	2	1
Rating is **3 points more** than at Wave 1	4	2	0	0	1	1	0
Rating is **4 points more** than at Wave 1	1	1	0	0	0	0	0
DK or NA to rating given	7	2	2	2	1	0	0
Rating given to DK or NA	9	6		1	1	0	0
DK or NA at Wave 1 and Wave 2	10	1	1	2	3	2	1
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+8	+2	+4	-5	+2	+6	-1

The results show a shifting in ratings.

- About equal proportions gave higher ratings at Wave 2 (23 of 94) as gave lower ratings at Wave 2 compared to Wave 1 (21 of 94).
- Only 24 of 94 panellists provided the same rating at Wave 1 and 2.
- Those associated with organizations serving aboriginals on reserves gave more positive ratings than other affiliational sub-groups.

Accuracy

Ratings of the accuracy of the information disseminated by NAS II are shown in Table 50.

TABLE 50
Accuracy of Information From NAS II
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on "Acc. of Info."	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	11	8	4	1	2	4	1	1	3	1	0	1	1	0
3	13	14	3	5	4	3	3	4	3	2	0	0	0	0
4 and 5	49	50	22	18	3	6	4	5	9	10	8	7	3	4
DK/NA	21	22	2	7	5	1	5	3	5	7	2	2	2	2
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6
Mean*	3.6	3.8	3.8	4.0	3.1	3.2	3.4	3.7	3.4	3.8	4.1	3.9	4.3	4.1

* Those providing numerical rating.

There is a decrease in ratings from Wave 1 to Wave 2.

- Average ratings decreased from 3.8 at Wave 1 to 3.6 at Wave 2.

- A relatively high proportion indicated DK or NA at both Wave 1 and Wave 2.

- A few more panellists (8 of 94 at Wave 1 and 11 of 94 at Wave 2) assigned low ratings of 1 and 2.

- Average ratings are lower for all sub-groups, except those serving aboriginals on reserves and those related to corrections.

For the 18 replacement panellists, the average score is 3.9; for other panellists the average is 3.6. The distributions are basically similar.

Shown in Table 51 is a summary of the direction and magnitude of changes in panellists' perceptions of the accuracy of information disseminated by NAS II in panellists' main fields of activity.

There is a negative shift in ratings on perceived accuracy of NAS II information.

- Only 11 assigned higher ratings while 18 assigned lower ratings at Wave 2.

- About one third (32 of 94) gave the same rating.

- Those with associations showed a greater shift to lower ratings than some other panellists.

TABLE 51

Ratings of NAS II on Accuracy of Information Disseminated in Panellists' Fields of Activity: Summary of Direction and Magnitude of Changes From Wave 1 to Wave 2

(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **4 points less** than at Wave 1	2	0	1	1	0	0	0
Rating is **3 points less** than at Wave 1	0	0	0	0	0	0	0
Rating is **2 points less** than at Wave 1	6	2	1	1	1	0	1
Rating is **1 point less** than at Wave 1	10	3	1	1	4	1	0
Rating is **the same** as Wave 1	32	13	4	2	6	5	2
Rating is **1 point more** than at Wave 1	7	3	1	2	1	0	0
Rating is **2 points more** than at Wave 1	1	1	0	0	0	0	0
Rating is **3 points more** than at Wave 1	2	0	1	0	0	1	0
Rating is **4 points more** than at Wave 1	1	1	0	0	0	0	0
DK or NA to rating given	11	1	4	3	1	1	1
Rating given to DK or NA	12	6	0	1	3	1	1
DK or NA at Wave 1 and Wave 2	10	1	1	2	4	1	1
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	-11	+2	-3	-5	-5	+2	-2

Usefulness

Ratings of the usefulness of the information disseminated by NAS II are shown in Table 52 .

TABLE 52
Usefulness of Information From NAS II
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on "Acc. of Info."	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	**14**	15	**4**	5	**1**	3	**2**	1	**4**	2	**2**	2	**1**	2
3	**20**	19	**5**	8	**4**	2	**4**	3	**5**	6	**1**	0	**1**	0
4 and 5	**43**	44	**19**	13	**5**	8	**4**	6	**8**	7	**4**	7	**3**	3
DK/NA	**17**	16	**3**	5	**4**	1	**3**	3	**3**	5	**3**	1	**1**	1
Original panellists	**94**	94	**31**	31	**14**	14	**13**	13	**20**	20	**10**	10	**6**	6
Mean*	**3.4**	3.4	**3.6**	3.3	**3.5**	3.3	**3.1**	3.8	**3.2**	3.4	**3.6**	3.9	**3.4**	3.0

*Those providing numerical rating.

Perceptions of the usefulness of NAS II information remained generally the same overall from Wave 1 to Wave 2.

- The number of panellists giving ratings of "1 and 2", "3", and "4 and 5" did not vary by more than one panellist from Wave 1 to Wave 2.
- The average score for usefulness of information disseminated by NAS II was 3.4 for both Waves.

For the 18 replacement panellists, the average score is 4.1, which is higher than the average of 3.4 for other panellists. About two thirds (12 of 18) gave ratings of "4" or "5", compared to about half (43 of 94) of other panellists.

Shown in Table 53 is a summary of the direction and magnitude of changes in panellists' perceptions of the usefulness of information disseminated by NAS II in panellists' main field of activity.

TABLE 53

Ratings of NAS II on Usefulness of Information Disseminated in Panellists' Fields of Activity: Summary of Direction and Magnitude of Changes From Wave 1 to Wave 2

(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **4 points less** than at Wave 1	1	0	0	1	0	0	0
Rating is **3 points less** than at Wave 1	2	0	0	1	0	1	0
Rating is **2 points less** than at Wave 1	2	1	0	0	1	0	0
Rating is **1 point less** than at Wave 1	15	4	3	1	4	2	1
Rating is **the same** as Wave 1	31	12	4	4	6	2	3
Rating is **1 point more** than at Wave 1	13	5	1	2	4	1	0
Rating is **2 points more** than at Wave 1	3	0	2	0	0	1	0
Rating is **3 points more** than at Wave 1	3	2	0	0	0	0	1
DK or NA to rating given	8	2	3	1	0	2	0
Rating given to DK or NA	7	4	0	1	2	0	0
DK or NA at Wave 1 and Wave 2	9	1	1	2	3	1	1
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	-1	+5	+2	-6	-2	-2	+2

- 19 of 94 gave higher ratings at Wave 2 and about the same number (20) gave lower ratings.
- About one third (31 of 94) gave the same rating at both Waves.

C.4.5 Suggestions to Improve the Quality of Information From NAS II

In addition to rating the information from NAS II on various attributes, panellists were asked for their suggestions on how to improve the information from NAS II.

From among the 94 original panellists, a wide variety of suggestions were made. Most comments referred to distribution of information, and issues relating to access/information sharing/updating.

Comments Related to theDistribution of Information

Of the 25 suggestions made concerning distribution, 16 were related to the need for a more organized way to disseminate information to stakeholders. Such comments were more predominant among community-based organizations, and those affiliated with universities/foundations/research. Suggestions include:

> "We need more access to the Clearinghouse and loan libraries."
>
> "At this point, it is much too difficult to find the information, we need better organization."

Another 9 panellists provided suggestions on how to make the information more accessible. These include:

- add to mailing lists (3)
- more marketing (2)
- more public bulletins/information pieces (2)
- create a resource centre
- create a newsletter

Comments Related to Access/Information Sharing/Updates

Suggestions and comments relating to access/information sharing/updates were made by 25 panellists. Most panellists provided constructive criticism aimed at improving the quality of information. Suggestions included:

- Provision of a concise document explaining the Strategy (i.e. Roadmap) (4 mentions)
- Creation of a computer network system (Internet) (3 mentions)
- More concise documentation (2 mentions)
- Provision of a networking service (2 mentions)

Three panellists (affiliated with community-based organizations and universities foundations/research) felt that the delivery charge for Clearinghouse publications was a deterrent to full access to information. One panellist stated:

> "We should not be charged for Clearinghouse publication distribution".

All 8 panellists who provided suggestions relating to updates referred to the lack of "timeliness" of the information.

> "Timeliness is the key."

> "The information does not come early enough."

Comments Regarding theTargeting and Timeliness of Information

Seven panellists affiliated with hospitals, community-based organizations and universities/foundations/research, provided criticisms directed at targeting and timeliness issues within NAS II. These include:

> "NAS is not influencing the federal Cabinet."

> "The organization of contests, the delay for publication of research results, the approval for grants, should be more rigorous."

Comments related to Information Content

Five panellists (all except universities/foundations/research and hospitals) provided suggestions as to the type of information that was still needed. These include:

- Further information on advocacy
- Development network based on spiritual concerns
- More statistics/education for First Nation People
- Provision of information on projects currently funded
- Further information on inmates and AIDS

A variety of other suggestions arose, including the need for further and more permanent funding. About half of the 18 replacement panellists provided comments or suggestions for improving the quality of information from NAS II in their area of work. Comments related to: types of information needed (4), clarity/detail (2), updates (1), funding (1), access (1) and targeting (1). As with the original panellists, it was felt that timely, concise, free-of-charge information was essential to improve the quality of information.

There were few, if any, shifts in views from Wave 1 to Wave 2. Those providing suggestions are still clearly concerned with the accessibility of the information. Another concern expressed in both Wave 1 and Wave 2 was the desire for timely, concise information.

C.4.6. Informing Others of Activities Through NAS II Help

Panellists were asked the degree to which NAS II had helped them to inform other organizations of their findings, results, and experiences, etc. They were also asked if NAS II has helped them become better informed about other organizations' relevant activities.

Participants used a three point scale where "1" means NAS II "has not helped at all", "2" means "has helped some" and "3" means "has helped a great deal". Table 54 shows the results regarding NAS II help in disseminating information.

TABLE 54
Degree that NAS II Helped in Informing Others
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Degree of NAS II help	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
"Not helped at all"	21	33	3	12	2	5	3	3	5	6	6	5	2	2
"Helped some"	33	39	13	14	8	7	4	5	5	6	2	4	1	3
"Helped a great deal"	37	20	14	5	4	2	5	4	10	7	2	1	2	1
DK/NA	3	2	1	0	0	0	1	1	0	1	0	0	1	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

**NOTE: Based on a t-test for paired samples the difference between means is statistically significant at the .01 level.

The results indicate a positive shift in ratings at Wave 2 compared to Wave 1.

- A higher proportion of panellists at Wave 2 felt NAS II has "helped a great deal" in informing others of their results, etc. The proportion nearly doubled from 20 of 94 at Wave 1, to 37 of 94 at Wave 2.
- A smaller proportion felt NAS II has "not helped at all", the proportion decreasing from 33 of 94 at Wave 1 to 21 of 94 at Wave 2.
- The results are consistent across all organizational affiliation groups.

For the 18 replacement panellists the distribution of responses is almost identical to other panellists: 6 of 18 say "no help at all", 6 say "some help" and 5 say "helped a great deal".

Presented below is a summary of changes in direction and magnitude of perceptions regarding how much, if at all, NAS II has helped in informing other organizations of findings, results, and experiences, etc. It is based on a coding scheme where "1" means "not helped at all", "2" means "helped some", and "3" means "helped a great deal".

TABLE 55

Ratings of Degree that NAS II Helped in Informing Others of Activities: Summary of Direction and Magnitude of Changes From Wave 1 to Wave 2 (94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **2 points less** than at Wave 1	1	0	0	0	0	0	1
Rating is **1 point less** than at Wave 1	10	2	1	3	2	1	1
Rating is **the same** as Wave 1	47	13	8	6	11	8	1
Rating is **1 point more** than at Wave 1	23	10	4	2	5	1	1
Rating is **2 points more** than at Wave 1	8	5	1	0	1	0	1
DK or NA to rating given	3	1	0	1	0	0	1
Rating given to DK or NA	2	0	0	1	1	0	0
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at Wave 1 and Wave 2)	+27	+18	+5	-1	+5	0	0

The results show a positive shift in ratings.

- 31 panellists gave a higher rating, compared to only 11 who gave lower ratings at Wave 2.
- The net shift in ratings is +27.
- About half (47) gave the same ratings as at Wave 1.

- All of the positive shift occurred among those affiliated with community-based organizations (15 rate it higher, only 2 lower), those with hospitals (5 higher, 1 lower), and those with universities/foundations (6 higher, 2 lower).

Panellists were asked for any comments they had about how NAS II had helped in informing others of panellists' findings, results, and experiences, etc. Among the original panellists, a range of comments were provided. Most comments referred to issues relating to coordination (19), funding (15) and the availability of information (11).

Comments Regarding Coordination

Panellists from various organizational affiliations provided comments regarding how various activities coordinated by NAS II have helped them to inform other organizations of their findings. Such coordinated activities and structures included:

- international seminars
- forums
- conferences
- meetings
- 1994 ACMC AIDS
- projects
- programs
- presentations
- Ontario AIDS Network

One panellist affiliated with an aboriginal serving organization stated:

> "Our ability to network with other native communities in terms of exchanging information on activities and programs has been extremely helpful."

Comments Regarding Funding

Of the 15 funding related comments, there were eleven mentions that funding had helped panellists to inform other organizations of their findings/results/and experiences.

> "The funds allowed us to present the results of our research in conferences."

There were four mentions of criticisms (panellists affiliated with community-based organizations and associations) of the amount of funding provided and its limitations.

"The funding is never adequate enough to do a professional job."

Comments Regarding Availability of Information

Eleven panellists mentioned the dissemination of information as a method by which NAS II helped them to inform other organizations of their findings/results/experiences.

Other positive comments included:

> "Has really helped us."
>
> "It allowed me to pursue an exciting area of work."

In total, there were 15 comments from panellists (predominately those affiliated with community-based organizations and organizations serving aboriginals on reserves) that can be categorized as negative. These included:

> "NAS II could do more." (6 mentions)
>
> "NAS II has not helped at all." (5 mentions)
>
> "NAS II has not provided opportunities to inform other organizations of results." (3 mentions)
>
> "Various AIDS organizations and NAS II are not good about exchanging information, each are too competitive."

Of the 18 replacement panellists, very few provided any comments. Comments offered include: "Resource materials" (1),"Funding" (1), "Communications" (1), and "Availability of information" (1). Each of these within NAS II have helped panellists to inform other organizations of their findings, results and experiences. Two panellists affiliated with community-based organizations and associations provided other positive comments.

> "NAS II is doing an excellent job."
>
> "The federal government gives credibility to small organizations."

A few panellists affiliated with community-based and aboriginal serving organizations felt that they were never given the opportunity to inform others of their results.

Generally, Wave 1 and Wave 2 comments remained similar. One difference is the relative absence of suggestions (compared to Wave 1) concerning better communication vehicles, such as conferences. In contrast, at Wave 2 the panellists emphasized more the benefits of NAS II coordinated activities (i.e. conferences, meetings, forums, etc.), each of which has helped panellists to inform other organizations of their findings/results/and experiences. NAS II appears to have improved this area by allowing for further opportunities for the exchanging of ideas, information, results and findings.

C.4.7 Information From Others Through NAS II Help

Panellists were asked if NAS II has helped them to become better informed about other organizations' activities. The results are shown in Table 56.

TABLE 56
NAS II Assistance in Receiving Information From Others
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Help from NAS II	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Yes	62	44	19	13	12	8	8	6	12	7	8	7	3	3
No	29	48	11	18	2	6	4	6	8	12	2	3	2	3
DK/NA	3	2	1	0	0	0	1	1	0	1	0	0	1	0
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6

The results indicate a shift at Wave 2 towards feeling that NAS II had helped panellists become better informed at Wave 2 compared to Wave 1.

- 62 of 94 panellists answered "yes", compared to 44 of 94 at Wave 1.
- This trend is consistent across all organizational affiliations.

For the 18 replacement panellists, the distribution is similar to, but somewhat less pronounced than for other panellists. About half (10 of 18) said "yes", compared to 62 of 94 other panellists.

Shown in Table 57 is the degree of shifting in opinion that occurred from Wave 1 to Wave 2 regarding help from NAS II in receiving information from others.

TABLE 57
Degree of Shifting of Opinions About Help From NAS II in Receiving Information From Others

Wave 1	Wave 2			Total
	Yes	No	Not stated/NA	
Yes	33	11	0	44
No	28	17	3	48
Not stated\NA	1	1	0	2
Original panellists	62	29	3	94

- 28 panellists who said "no" at Wave 1 said "yes" at Wave 2.
- Slightly more than half of these panellists expressed the same opinion at both Waves (50 of 94).
- 11 panellists who said "yes" at Wave 1 said "no" at Wave 2.

C.4.8 Overall Rating of NAS II Products and Services

Panellists gave overall ratings to various aspects of NAS II. One aspect was an information-related item, "products and services", rated on a five point scale where "1" means "not at all adequate" to "5" which means "very adequate". The results are shown in Table 58.

TABLE 58
Overall Rating of Adequacy of NAS II Products and Services
(94 original panellists)

	TOTAL		Comm. Based		Hospital		Assoc.		Univ/ Found.		Aborig.		Corr.	
Ratings on "Product and Services"	Wave		Wave		Wave		Wave		Wave		Wave		Wave	
	2	1	2	1	2	1	2	1	2	1	2	1	2	1
1 and 2	12	20	3	6	1	2	3	4	4	5	0	2	1	1
3	24	24	7	8	3	5	4	4	5	4	3	1	2	2
4 and 5	43	32	18	12	7	4	4	4	7	7	5	4	2	1
DK/NA	15	18	3	5	3	3	2	1	4	4	2	3	1	2
Original panellists	94	94	31	31	14	14	13	13	20	20	10	10	6	6
Mean*	3.5	3.1	3.7	3.2	3.5	3.1	3.2	2.9	3.2	3.1	3.8	3.0	3.2	3.0

*Those providing numerical rating.
**NOTE: Based on a t-test for paired samples the difference between means is statistically significant at the .05 level.

There is a positive shift in ratings at Wave 2.

- The proportion assigning low ratings of "1" and "2" dropped from 20 of 94 to 12 of 94.
- The proportion assigning high ratings of "4" or "5" increased from 32 of 94 at wave 1 to 43 of 94 at Wave 2.

- Average ratings increased from 3.1 at Wave 1 to 3.5 at Wave 2 on the five point scale, and the difference is statistically significant..

- The trend is consistent across organizational affiliations.

For the 18 replacement panellists, the average rating at Wave 2 was 3.9. This is higher than the average of 3.5 for other panellists. None of the replacement panellists gave low ratings of "1" or "2", while 12 of 94 other panellists gave this level of rating.

Shown in Table 59 is a summary of the direction and magnitude of changes in panellists' perceptions of NAS II products and services overall.

TABLE 59
Overall Ratings of NAS II on Products and Services: Summary of Direction and Magnitude of Changes From Wave 1 to Wave 2
(94 original panellists)

SIZE AND DIRECTION OF CHANGES IN RATINGS	Total	Comm Based	Hosp.	Assoc.	U./F.	Aborig.	Corr.
Rating is **2 points less** than at Wave 1	3	1	0	0	2	0	0
Rating is **1 point less** than at Wave 1	14	5	2	1	3	1	2
Rating is **the same** as Wave 1	31	8	6	8	5	3	1
Rating is **1 point more** than at Wave 1	20	6	3	3	5	1	2
Rating is **2 points more** than at Wave 1	5	2	0	0	1	2	0
Rating is **3 points more** than at Wave 1	4	3	1	0	0	0	0
DK or NA to rating given	7	2	1	1	2	1	0
Rating given to DK or NA	10	4	1	0	2	2	1
TOTAL CASES	94	31	14	13	20	10	6
NET SHIFT (those who provided a numerical rating from 1 to 5 at both Wave 1 and Wave 2)	+22	+12	+4	+2	0	+4	0

The results show positive shifts in opinion.

- 29 of 94 gave higher ratings at Wave 2, compared to 17 of 94 who gave lower ratings at Wave 2.

- Only about one third of these panellists (31 of 94) gave the same rating at Wave 1 and Wave 2.

- The net shift is +22 points. The results are generally consistent across organizational affiliations, with the exception of corrections-related panellists and those affiliated with universities/foundations, where no no net shift in ratings was discerned..

C.4.9 Other Comments

As a final question, panellists were asked if they had any additional comments they would like to make regarding the Strategy.

Some panellists (13) affiliated with associations, universities/foundations/research and community-based organizations cited the need for an improved administrative role. Comments included:

> "Too much politics in policy making."
>
> "Government needs to be on the front line with us, and gave us adequate resources."
>
> "Liberals' election promise was in poor taste."

Another 11 panellists from all sub-groups provided comments on where NAS II should focus its efforts. These included:

- Basic research (2)
- Increase in provincial support (2)
- Treatment of AIDS as a non-specific disease (2). As one panellist said:

> "AIDs is not a lifestyle specific disease and should not be treated as such. It only creates the isolation of specific groups."

- Poverty
- Harm reduction strategy
- More work with Native communities

A number of panellists (10) from all sub-groups except those affiliated with associations expressed the need for continued commitment to HIV/AIDS issues on the part of the federal government.

> "Continue with the Strategy. It is important to us."

> "Please, no more last minute decisions made about the renewal."

There were five negative comments made. Two of these comments related to the fact that one panellist from a corrections related organization and another in the associations category had not heard of the Strategy before. Other comments were provided by affiliates of community-based organizations. One panellist stated:

> "I don't think we are getting anywhere with this type of exercise (the panel study interview), as I haven't seen any changes in NAS since the last time we spoke."

D. WAVE 2 HIGHLIGHTS AND OBSERVATIONS

Presented below is a summary of the highlights and related observations from the Wave 1 and Wave 2 results for the 94 original panellists who participated in both Waves of this panel study and also for the 18 replacement panellists.

IMPLEMENTATION

The findings regarding "Implementation" at Wave 2 are generally more positive than at Wave 1. As the summaries below show, this is particularly true for the key indicator of "adequacy of implementation", and also the important indicator of "adequacy of distribution of funding". However, a majority of panellists continue to feel that they have little input to the setting of the NAS II agenda and priorities.

- A key finding is that NAS II is rated higher at Wave 2, on the adequacy of its implementation. The average score is 3.4 out of 5 at Wave 2, compared to 2.9 at Wave 1. The proportion who gave high scores of "4" or "5" increased, from 23 of 94 at Wave 1 to 38 of 94 at Wave 2. Thirty-three of 94 panellists gave higher ratings at Wave 2 than at Wave 1. Only 9 gave lower ratings.

- NAS II was also rated higher on the adequacy of its "distribution of funding" at Wave 2. The average score at Wave 2 is 3.0 out of 5 compared to 2.6 at Wave 1. Thirty panellists gave higher ratings at Wave 2 compared to only 11 who gave lower ratings. This positive shift is important in that so many panellists are highly concerned about funding.

- There is an increase at Wave 2 in the extent to which NAS II is perceived to influence priority setting in panellists work. Thirty-five of 94 panellists indicated "a lot of influence", compared to 29 of 94 at Wave 1. The open-end comments indicate this influence of NAS II on priority setting is seen as positive by most in that NAS II helps panellists identify their own priorities and integrate objectives of the Strategy, and also by providing funding. Only a few perceive the influence as negative in terms of having to tailor their programming to funding guidelines.

- In terms of impact on ability to provide the desired range of activities in response to HIV/AIDS, only 8 of 94 panellists at Wave 2 say NAS II "has not helped at all" compared to 16 at Wave 1. More than half the panellists say "helped a great deal" (48 at Wave 2 compared to 36 at Wave 1). The influence was seen as largely due to the funding provided, and more mentions of this are made than at Wave 1, but some also mention NAS II coordination and information.

- An increased proportion of panellists felt NAS II has helped make their services more accessible. The number who indicate NAS II "helped a great deal" increased from 24 of 94 to 37 of 94. However, open-ended responses indicate criticism of NAS II in doing little to ensure accessibility of services. Nevertheless, the balance of comments are positive and focus on funding provided, coordination and information provided through NAS II.

- The perceived ability to provide input to the setting and adjustment of NAS II's agenda and priorities is quite low, and increased only marginally, from an average score of 2.5 out of 5 at Wave 1 to 2.6 at Wave 2. Nearly half (45) felt they are able to provide "little or no input". Main suggestions to improve their ability to provide input focus on the need for better consulting mechanisms and communications, and more partnerships and collaborations. More personal control is desired.

- A high proportion of panellists indicated a large, negative impact on current and future HIV/AIDS related activities without NAS II funding and services. Some indicate their activities would "cease to exist". The impact would be greatest for those at community-based organizations and those doing research.

COORDINATION

The Wave 2 results indicate that NAS II is considered to be better coordinated than at Wave 1. The results are better than the relatively low ratings given to the coordination of the Strategy at Wave 1, as the summary data below indicate.

- NAS II is rated higher at Wave 2 on the adequacy of its coordination. The average score is 3.1 out of 5 at Wave 2, compared to 2.8 at Wave 1. The proportion assigning high ratings of "4" and "5" increased from 21 of 94 at Wave 1 to 31 of 94 at Wave 2.

- An increased proportion at Wave 2 felt NAS II has helped them to fill gaps in service, with 47 of 94 indicating this at Wave 2 compared to 41 of 94 at Wave 1. Open-ended responses indicated NAS II had helped through coordination of activities although a few felt they had not been helped in this area by the Strategy. Others indicated their services were unique, so there were no gaps to fill.

- There was a positive change in the proportion who felt NAS II has helped them to avoid duplication of service (35 of 94 at Wave 2 compared to 30 of 94 at Wave 1). Some cited information given as the reason for avoiding duplication. Many who said it did not help were not being critical of NAS II. Rather, they indicate that their work is unique and duplication is quite unlikely.

- There is an increase at Wave 2 in the proportion who felt NAS II has provided "a great deal of opportunities" to meet and coordinate with others (33 of 94 at Wave 2 compared to 25 of 94 at Wave 1).

BALANCE

At Wave 2 NAS II is considered more effective overall than at Wave 1 and, as shown below, is considered to be exhibiting several areas of real strength. However, many still feel that NAS II has not yet struck the proper balance, a finding which may reflect a couple of different factors. The first is that panellists from different sub-groups have biases favouring their own area of work. The second is the perception of relative lack of ability to have real input to the Strategy, and possible resulting frustration, perhaps because priority setting is not seen as open enough by some panellists.

- There is an increase in the proportion who felt the current balance in the NAS II Strategy, for example between research, care, education, etc. is appropriate: 33 of 94 indicate "yes" at Wave 2 compared to 20 of 94 at Wave 1. However, the proportion is still lower than those indicating the balance is not appropriate (36 at Wave 2). Main suggestions to achieve better balance were more emphasis on research and more emphasis on education and prevention. There were only a few suggestions for greater emphasis on care and community support.

- NAS II is rated significantly higher on its overall effectiveness. The average score was 3.5 out of 5 at Wave 2, compared to 3.0 at Wave 1. The proportion assigning high ratings of "4" or "5" increased to 44 of 94 at Wave 2 compared to 27 of 94 at Wave 1. Thirty-two panellists provided higher ratings at Wave 2 compared to only nine who provided lower ratings.

- Perceptions of the most successful aspects of NAS II focused on the funding it provided, its focus on community level care and support, its raising awareness of HIV/AIDS as a national issue, the information and resource materials it generated, its research funding, its educational activities, and its leadership and coordination.

- Perceptions of the weakest aspects of NAS II focussed on insufficient funding, and poor funding decisions, the Strategy itself being weak or inconsistent, poor coordination, poor/bureaucratic administration, and lack of communications and ability to have real input to the Strategy.

- Perceptions of the most significant impact of NAS II overall focussed on the infrastructure it helped develop, raising awareness of HIV/AIDS as a national issue, the research it funded, the educational activities it supported, its focus on community care, the networking it supported, medical services and research, and the information/resource materials it helped developed.

- Perceptions of the single most important change to improve the future federal role in AIDS focussed on continued funding/strategic funding, prioritization and refinement of the Strategy, better focus and targeting of activities, a more open approach by the federal government, better coordination, and better communications and opportunities to provide input.

INFORMATION

At Wave 2 the panel results regarding NAS II information are generally more positive than at Wave 1, as the summaries below indicate. In particular, its products and services are better rated, and it is considered to have helped organizations disseminate their results, and learn what others are doing. However, areas of improvement include the need for better and more timely dissemination of information not only about HIV/AIDS, but also about the Strategy itself.

- NAS II was rated higher at Wave 2 on its "usefulness". At Wave 2, 64 of 94 indicated NAS II was "a great deal of use" to them, compared to 51 of 94 who said this at Wave 1. Twenty-three of 94 gave higher ratings at Wave 2 compared to only 7 who gave lower ratings. The main reason for indicating a "great deal of use" focussed on funding for projects/activities and resource materials provided.

- There was an increase in the perceived availability of information about NAS II. The average rating is 3.2 out of 5 at Wave 2 compared to 3.0 at Wave 1.

- There was no change in the average ratings of the perceived usefulness of information about NAS II, at 3.2 out of 5 for Wave 2, the same as at Wave 1. However, 38 of 94 gave ratings of "4" or "5" at Wave 2, compared to 30 of 94 at Wave 1.

- In terms of the five aspects of the quality of information disseminated by NAS II, the results are mixed but tend to be more positive overall at Wave 2.

    - At Wave 2 the average ratings on a 5 point scale are higher for three of the five: "completeness" (average 3.4 at Wave 2 compared to 3.2 at Wave 1) and "timeliness" (average 3.1 at Wave 2 compared to 2.9 at Wave 1) and "availability of information", (at 3.2 for Wave 2 compared to 3.1 for Wave 1).

    - The average ratings are lower at Wave 2 for perceived "accuracy" of information disseminated by NAS II (average 3.6 out of 5 at Wave 2 compared to 3.8 at Wave 1).

    - The average ratings are the same for "usefulness" (average rating of 3.4 at Wave 2 and at Wave 1).

- Suggestions to improve the quality of information from NAS II focussed on better/more effective distribution of information and various aspects of better access and timeliness of distribution of the information.

- NAS II was rated higher at Wave 2 for the extent to which it has helped panellists inform other organizations about their results, findings, etc. At Wave 2, 37 of 94 panellists indicated "helped a great deal", compared to only 20 of 94 who indicated this at Wave 1. Thirty-one panellists provided higher ratings at Wave 2 compared to only 11 who gave lower ratings. Open-ended comments regarding informing others of panellists' activities focussed on appreciation of the coordination provided by NAS II, general mentions of funding, and the information disseminated. Some negative comments regarding a lack of (sufficient) efforts through NAS II were also made.

- NAS II was also rated higher at Wave 2 for helping panellists to become better informed about other organizations' activities: 62 of 94 indicate "yes" at Wave 2, compared to 44 of 94 at Wave 1.

- NAS II was rated higher in terms of perceptions of the adequacy of its products and services. Average ratings at Wavc 2 were 3.5, compared to 3.1 at Wave 1. The proportion who assigned high ratings increased from 32 of 94 at Wave 1 to 43 of 94 at Wave 2.

Other

Other comments at Wave 2 focussed on the need for improved administration of NAS II, specific areas on which it should focus and the need for continued commitment to HIV/AIDS issues on the part of the federal government.

In overall terms the Wave 2 results indicate improved perceptions of NAS II compared to Wave 1 on nearly all aspects covered by this panel study. An area of continuing relative weakness, however, is the perceived lack of ability to provide real input to the NAS II agenda and priorities and the need for better coordination and communication. These perceived weaknesses, however, are within a context of generally positive and improved perceptions of the activities and impact of NAS II and a strong desire for its continuation.

APPENDICES

APPENDIX "A"
RESEARCH INSTRUMENTS FOR WAVE 2 AND WAVE 1
(English and French)

Brighton
RESEARCH
MARKET RESEARCH CONSULTANTS

GROUP #: ______________________

CRC ID#: ________________________

MATCHING WAVE 1 ID#: ________

Date Completed _____________
Time ___________

Interviewer ___________

STAKEHOLDER PANEL STUDY FOLLOW-UP QUESTIONNAIRE: T2 (REVISED)

Name of Respondent ________________________________
Title ____
Organization ____________________________________
Telephone Number ________________________________
Address ______________________________________
____
____

IF CALL BACK READ:

Hello, my name is _______________ and I am calling from Brighton Research. As we discussed earlier, we have been asked by Health Canada to help assess federal efforts related to HIV/AIDS as part of the final evaluation of the National AIDS Strategy II. We have been asked to obtain the views of selected individuals and non-governmental organizations active in efforts related to HIV/AIDS.

I would first like to ask a few questions to get a better idea of the activities you do in response to HIV/AIDS, the specific population you serve, and who provides financial support to you and your organization. (QUESTIONS #1 THROUGH #8)

- IF THE PANELIST IS THE SAME PERSON WHO PARTICIPATED IN WAVE 1, INDICATE THAT THE "PROFILE AND CHARACTERISTICS" QUESTIONS ARE TO CONFIRM THEIR ACTIVITIES, ETC.

- IF THE PANELIST IS A REPLACEMENT PERSON, INDICATE THAT WE JUST WISH TO CONFIRM AN OVERALL SIMILARITY OF ACTIVITIES, ETC. TO THE ORIGINAL PARTICIPANT AS PART OF THE DESIGN REQUIREMENTS OF THE PANEL STUDY.

1. Several types of organizations are involved in education/care, treatment and support of persons with HIV/AIDS as well as in HIV/AIDS research and the search for effective vaccines, drugs and therapies. These include for instance, community based organizations, national professional associations, national and provincial organizations, hospitals, universities, clinics, associations, etc. How would you describe your type of organization?

____

____

2. At which of the following levels are your activities focused?

READ	1	Local
	2	Regional
	3	Provincial/Territorial
	4	National
		Other: ______________________

3. Please tell me which of the following activities are conducted by your organization in response to HIV/AIDS.

READ LIST	1	advocacy
	2	coordination of efforts by others
	3	education
	4	medical services for PWA's
	5	other non-medical services for PWA's
CIRCLE AS MANY AS APPLY	6	counseling
	7	support for persons providing care for PWA's
	8	clinical services to PWA's
	9	laboratory testing
	10	biomedical research
	11	epidemiological work
	12	clinical trials
		other: ______________________
		other: ______________________

4. And from the above activities which one activity would best be described as your organization's primary activity in response to HIV/AIDS

____

____

5. Is there a primary population or client group to which your organization's activities are directed in response to HIV/AIDS?

1 Yes: Who is it?________________________________
2 No Please explain ______________________________

____

6. What type(s) of organization(s) provide funding for your efforts related to HIV/AIDS?

READ LIST

1 federal government
2 (Note if NAS II mentioned spontaneously)
3 provincial medical plans
4 other provincial government (e.g. grants)
5 local government
6 membership fees
7 charitable organizations
8 donations
other: ____
other: ____

IF MORE THAN ONE SOURCE GO TO Q#7, IF ONE SOURCE GO TO Q#8

7. Which source provides the greatest level of financial support for your efforts in response to HIV/AIDS?

____

For the remaining questions please note that we would like **your personal views** based on your knowledge and experience in relation to HIV/AIDS.

8a) What is your primary area of responsibility in response to HIV/AIDS?

____

8b) Do you personally provide services directly to people having AIDS?

1 Yes ASK Q#8C
2 No SEE INSTRUCTION FOLLOWING 8c)

8c) What kinds of direct services do you personally provide? Any others?

____

____

IF PANELIST ANSWERED THE QUESTIONNAIRE AT PHASE 1, DO NOT ASK Q#9. SKIP TO INTRODUCTION TO Q#10.

ASK Q.#9 ONLY OF REPLACECEMENT PANELISTS.

9. The federal strategy responding to HIV/AIDS is called National AIDS Strategy: Phase II, or "NAS:II". It was adopted in 1993 and has various goals. These include stopping the spread of HIV, providing care, treatment and support for people living with HIV/AIDS and searching for effective vaccines, drugs and therapies.

Have you heard of this National AIDS Strategy: Phase II before?

1 YES
2 NO

INTRODUCTION TO Q#10:

I would now like to ask a series of questions about the achievements of the NAS II Strategy so far. Part of the purpose is to identify what, if any, changes may be needed in the federal role in HIV/AIDS. I would like to emphasize that these questions are meant to assess the Strategy itself and not to evaluate your organization's activities. Please answer all questions from the perspective of your own knowledge and experience in response to HIV/AIDS.

10. To what extent have NAS II funding, products and services been relevant and useful to you? Would you say:

READ LIST
1 Little or no use
2 Some use
3 A great deal of use

Why do you say that? ____

____

11. How would you rank the availability and usefulness of information about NAS II? Please use a five point scale where "1" means "very poor" and "5" means "excellent".

Availability:	1	2	3	4	5	N/A	DK
Usefulness:	1	2	3	4	5	N/A	DK

12. What influence, if any, has NAS:II had on priority setting in your work? Would you say?

READ LIST	1	no influence
	2	some influence
	3	a lot of influence

Why do you say that? ____

____

____

____

13. To what extent, if at all, do you feel able to provide input to the setting and adjustment of the NAS II agenda and priorities? Please use a five point scale where "1" means "able to provide little or no input" and "5" means "able to provide a great deal of input."

1	2	3	4	5	N/A	DK
Able to provide little or no input				Able to provide a great deal of input		

Any suggestions for improvement?

____

____

14. How much, if at all, has NAS II helped you to inform other organizations of your findings, results, experience, etc.?

READ LIST	1	it has not helped at all
	2	it has helped some
	3	it has helped a great deal

Any comments? ____

15. Similarly, has NAS II helped you to become better informed about other organizations' relevant activities?

READ	1	Yes
	2	No

16a) Has NAS II helped your organization to fill in gaps in service with other organizations?

READ	1	Yes
	2	No
	3	Not sure

Why do you say that?____

____

16b) Has NAS II helped your organization to avoid duplication of service with other organizations?

READ	1	Yes
	2	No
	3	Not sure

Why do you say that?____

____

17. To what extent, if at all, has NAS II provided you with the opportunity to meet with other individuals/organizations also involved in similar/related activities to your own, and to coordinate your activities with them? Would you say:

READ LIST	1	No opportunity through NAS II to meet and coordinate activities
	2	Some opportunities
	3	A great deal of opportunities

Do you have any suggestions to improve your ability to coordinate with others? What are they?

____

____

18. How would you rate the quality of information in your main field of activity disseminated by NAS II? Please use a five point scale where "1" means "very poor" and "5" means excellent for each of the following

	Very Poor				Excellent		
Availability:	1	2	3	4	5	N/A	DK
Completeness:	1	2	3	4	5	N/A	DK
Timeliness:	1	2	3	4	5	N/A	DK
Accuracy:	1	2	3	4	5	N/A	DK
Usefulness:	1	2	3	4	5	N/A	DK

19. Do you have any suggestions for improving the quality of information from NAS II in your area of work ?

____

____

____

____

20. How much, if at all, has NAS II improved your ability to conduct the range of activities you would like to be doing in response to HIV/AIDS? Would you say:

READ
1 it has not helped at all
2 it has helped some
3 it has helped a great deal

Any comments? ______________________________

21. To what extent, if at all, has NAS II helped you to make your services more accessible?

READ
1 it has not helped at all
2 it has helped some
3 it has helped a great deal

Any comments? ______________________________

22a) Do you believe the current balance in the Strategy, for example between research, care and education or other activities, is appropriate?

1	Yes	SKIP TO Q23
2	No	
9	DK	SKIP TO Q23

22b) Why do you say that? (PROBE ON FUNDING, PRIORITIES, PROGRAMMING, ETC.)

22c) If you believe that priorities should shift, where should the resources be taken from?

23. Overall, at this point in time, how would you rate NAS II in relation to each of the following: the distribution of funding, implementation of the Strategy (e.g. is it doing what it said it would do), co-ordination, products and services it has given, and the overall effectiveness. I will read each in turn. Please use a five point scale where "1" means "not at all adequate" and "5" means "very adequate".

READ LIST:

	Not at all adequate				Very adequate		
Dist. of Funding:	1	2	3	4	5	N/A	DK
Implementation:	1	2	3	4	5	N/A	DK
Co-ordination:	1	2	3	4	5	N/A	DK
Products and services:	1	2	3	4	5	N/A	DK
Overall effectiveness:	1	2	3	4	5	N/A	DK

24. What thing(s), if any, would you identify as the most successful aspects of NAS II? Anything else?

25. What thing(s), if any, would you identify as the weakest parts of the NAS II Strategy? Anything else?

26. What impact, if any, would there be on your current activities without NAS II products and services?

27. What impact, if any, would there be on your future activities if NAS II products and services ceased to be available?

28. What, in your view, has been the most significant impact of NAS II overall?

29. What is the single most important change, if any, that you would recommend to improve the future federal role in AIDS?

30. Are there any other comments that you would like to make? Any others?

Thank you for your cooperation; it is much appreciated.

Brighton
RESEARCH
MARKET RESEARCH CONSULTANTS

No de Groupe: _________
No d'identification CRC_______
No d'identification phase 1:___
Interviewweur________________

Date de l'entrevue____________
Durée___________

STRATEGIE NATIONALE SUR LE SIDA -- PHASE II
PERSONNES IMPLIQUEES -- ETUDE PANEL
QUESTIONNAIRE COMPLÉMENTAIRE : T2 (RÉVISÉ)

Nom du participant ______________________________
Titre ______________________________
Organisation ______________________________
Numéro de téléphone ______________________________
Adresse ______________________________

SI C'EST UN DEUXIEME APPEL, LISEZ:

Bonjour, mon nom est ________________ de la maison de recherche Brighton. Tel que mentionné dans notre conversation précédente, Santé Canada a retenu nos services pour évaluer les efforts fédéraux reliés au domaine du VIH/SIDA, dans le cadre de l'évaluation finale de la Stratégie nationale sur le SIDA, Phase II. Notre rôle est d'obtenir le point de vue d'individus sélectionnés et d'organisations non gouvernementals actifs dans le domaine du VIH/SIDA.

J'aimerais premièrement vous poser quelques questions dans le but de mieux connaitre la nature de vos activités dans la domaine du VIH/SIDA, la population que vous désservez, et qui vous supporte financièrement ainsi que votre organisation. (Questions numéro un à huit)

- SI LA PERSONNE A QUI VOUS VOUS ADRESSEZ EST LA MÊME QUI A PARTICIPÉ À LA PREMIÈRE PHASE DE L'ÉTUDE PANEL, VEUILLEZ LEUR INDIQUER QUE LES QUESTIONS RELIÉES À LEURS "PROFILE ET CARACTÉRISTIQUES" SONT POSÉES DANS LE BUT DE RE-CONFIRMER LEURS ACTIVITÉS, AINSI DE SUITE.

S'IL S'AGIT D'UN REMPLACANT, VEUILLEZ LUI INDIQUER QUE NOUS DÉSIRONS CONFIRMER LA SIMILARITÉ ENTRE LA NATURE DE SES ACTIVITÉS ET CELLES MENÉES PAR LE PARTICIPANT À LA PREMIÈRE PHASE DE L'ÉTUDE, CECI AFIN DE S'ASSURER DE RECONTRER LES CRITÈRES DE L'ÉTUDE PANEL.

1. Plusieurs types d'organisations sont impliquées au niveau de l'éducation, des soins, du traitement et du support aux personnnes atteintes du VIH/SIDA, ainsi que dans la recherche concernant le VIH/SIDA et les vaccins, remèdes et traitements de cette maladie. Ces organisations peuvent être de type communautaire, des associations professionelles nationales, des associations nationales et provinciales, des hôpitaux, universités, cliniques, associations, etc. Comment décririez-vous votre type d'organisation?

2. Vos activités se concentrent à quel niveau?

1 Local
2 Régional
3 Provincial
4 National
Autre: ____

3. Veuillez me dire dans lesquelles des activitiés suivantes votre organisation est impliquée en relation avec le VIH/SIDA

LIRE LA LISTE	1	Appui à la cause
	2	Coordination des efforts des autres
	3	Education
	4	Soins médicaux aux personnes atteintes du VIH/SIDA
NOTEZ TOUTES CELLES QUI S'APPLIQUENT	5	Services non-médicaux aux personnes atteintes du VIH/SIDA
	6	Conseils
	7	Support aux personnes donnant des soins aux séropositifs
	8	Services cliniques aux séropositifs
	9	Tests de laboratoire
	10	Recherche biomédicale
	11	Travail dans le domaine de l'épidémiologie
	12	Tests cliniques
		Autres ______________________
		Autres ______________________

4. Parmi les items de cette liste, quelle est celui qui décrit le mieux l'activité principale de votre organisation en rapport avec le VIH/SIDA

____

____

5. Est-ce qu'il y a une population ou un groupe de clients prioritaire vers lequel sont dirigées les activités de votre organisation dans le domaine du VIH/SIDA?

1 OUI; Quel groupe: ______________________________
2 NON: Veuillez expliquer: ___________________________
____

6. Quel(s) genre(s) d'organisation(s) finance(ent) vos efforts dans le domaine du VIH/SIDA?

LIRE LA LISTE	1	Gouvernement fédéral
	2	(Notez si la SAS est mentionée spontanément)
	3	Régimes médicaux provinciaux
	4	Autres sources des gouvernements provinciaux
	5	Gouvernement local
	6	Frais de membres
	7	Organisations charitables
	8	Dons
		Autres: ______________________
		Autres: ______________________

SI PLUS D'UNE SOURCE, LIRE Q#7; SI NON SAUTER À LA Q#8

7. Quelle est votre principale source de support financier au niveau de vos activités dans le domaine du VIH/SIDA?

____

Pour les questions qui suivent, veuillez notez que nous sommes interessés à connaître vos opinions personnelles basées sur vos connaissances et votre expérience en relation avec le VIH/AIDS.

8a). Quelle est votre responsabilité personnelle principale en rapport avec le VIH/SIDA? ______________________________________

____

8b) Est-ce que vous fournissez vous-même des services directement aux personnes atteintes du SIDA

1	Oui	DEMANDER Q#8c
2	Non	VOIR LES NOTES QUI SUIVENT LA Q#8c

8c) Quels genres de services directs fournissez-vous personnellement? Autres services?

- -

- -

SI LE PARTICIPANT À DÉJÀ RÉPONDU À LA Q#9 LORS DE LA PREMIÈRE PHASE DE L'ÉTUDE, NE PAS LA LUI REPOSER, SAUTER À LA Q#10.

9. La stratégie fédérale en rapport avec le VIH/SIDA est nommée la STRATEGIE NATIONALE SUR LE SIDA: PHASE II OU SAS II. Elle fut adoptée en 1993 et comporte plusieurs objectifs. Parmi ceux-ci, on retrouve la

prévention de la propagation du VIH, l'offre de soins, de traitements et de support aux personnes atteintes du VIH/SIDA, et la recherche de vaccins, remèdes et de thérapies éfficaces.

Aviez-vous déjà entendu parler de la SNS ?

1 OUI
2 NON

J'aimerais maintenant vous poser une série de questions concernant la mise en application de la SNS à date. Un des but est d'identifier les changements qui pourraient être nécessaires dans le rôle que joue le fédéral dans le domaine du VIH/SIDA. Il est important de mentionner que ces questions ont pour objectif d'évaluer la Stratégie. Ces questions n'ont pas pour objectif d'évaluer les activités de votre organisation. Veuillez répondre aux questions en vous basant sur vos propres connaissances et votre expérience dans le domaine du VIH/SIDA.

10. Jusqu'à quel point est-ce que les fonds, les produits et les services de la SNS vous ont été utiles? Diriez-vous qu'ils ont été:

1 De peu ou d'aucune utilité
2 De quelque utilité
3 D'une grande utilité

Pourquoi dites-vous cela? ____

____

11. Comment évaluez-vous la disponibilité et l'utilité des renseignements concernant la SNS? Pour ce faire nous utiliserons une échelle de 5 points où 1 signifie "très faible" et où 5 signifie "excellent".

Disponibilité:	1	2	3	4	5	N/A	NSP
Utilité	1	2	3	4	5	N/A	NSP

12. Quel a été l'influence de la SNS dans l'établissement des priorités en rapport avec votre travail? Diriez-vous que la SNS a eu:

1 Aucune influence
2 Une influence
3 Beaucoup d'influence

Pourquoi dites-vous cela? ____

____

____

____

13. Jusqu'à quel degré vous croyez-vous capable de contribuer des suggestions à l'ajustement du programme et des priorités de la SNS? Pour ce faire nous utiliserons une échelle de 5 points où 1 signifie "pas du tout capable de contribuer" et où 5 signifie "que vous croyez pouvoir y apporter une très grande contribution".

1	2	3	4	5	N/A	NSP
Pas de capable de contribuer				Très grande contribution		

Avez-vous des suggestions pour amélioration?

14. Jusqu'à quel point la SNS vous a t'elle aidé à informer d'autres organisations de vos découvertes, résultats, expériences, etc.?

1 Pas du tout
2 A quelque peu aidé
3 A beacoup aidé

Avez-vous des commentaires? ______________________________
____
____

15. Dans le même sens, la SNS vous a t'elle aidé d'être mieux informé des activités des autres organisations?

1 OUI
2 NON

16a) La SNS vous a t-elle permis de remplir certaines lacunes de service laissées par d'autres organisations?

1 OUI
2 NON
3 NSP

Pourquoi dites-vous cela? ______________________________
____

16b) La SNS vous a t-elle permis d'éviter la duplication de services avec d'autres organizations?

1 OUI
2 NON
3 NSP

Pourquoi dites-vous cela? ______________________________
____

17. Jusqu'à quel point la SNS vous a t'elle fourni l'occasion de rencontrer d'autres individus ou organisations oeuvrant dans un domaine semblable à la votre et de coordonner vos activités avec ces personnes ou organisations? Diriez-vous que

1 Il n'y a eu aucune occasion générée par l'entremise de la SNS
2 Il y a eu quelques occasions
3 Il y a eu beaucoup d'occasions

Avez-vous des suggestions qui vous permettraient de mieux coordonner vos activités avec celles des autres? Quelles sont ces suggestions? ____________

____

____

18. Comment qualifiez-vous la qualité des renseignements distribués par l'entremise de la SNS dans votre domaine principal d'activité? Pour ce faire nous utiliserons une échelle de 5 points où 1 signifie "très faible" et où 5 signifie "excellent".

	Très faible				Excellent		
Disponibilité	1	2	3	4	5	N/A	NSP
Information complète	1	2	3	4	5	N/A	NSP
Ponctualité	1	2	3	4	5	N/A	NSP
Précision	1	2	3	4	5	N/A	NSP
Utilité	1	2	3	4	5	N/A	NSP

19. Avez-vous des suggestions qui permettraient d'améliorer la qualité des renseignements de la SNS dans votre domaine de travail?

____

____

____

____

20. Jusqu'à quel point la SNS vous a t-elle permis d'améliorer votre capacité de mener la gamme des activités que vous désirez dans le domaine du VIH/SIDA? Direz-vous que la SNS?

1 Ne vous a pas aidé du tout
2 A aidé quelque peu
3 A beaucoup aidé

Avez-vous des commentaires? ______________________________

21. Jusqu'à quel point la SNS vous a t-elle permis de rendre vos services plus accessibles?

1 Ne vous a pas aidé du tout
2 A aidé quelque peu
3 A beaucoup aidé

Avez-vous des commentaires? ______________________________

22a) Croyez-vous que la présente répartition des efforts au niveau de la Stratégie entre par exemple la recherche, les soins, l'éducation et les autres activités soit appropriée?

1 OUI Allez à la question 23
2 NON
3 NSP Allez à la question 23

22b) Pourquoi dites-vous ce la? (SONDEZ LE FINANCEMENT, LES PRIORITES, LES PROGRAMMES, etc.) ______________________
____

22c) Si vous croyez que l'on doit modifier les priorités, d'ou doit-on prendre les ressources? ____________ ________________________
____

23. Comment évaluez-vous la performance de la SNS au niveau de chacun des items suivants? Pour ce faire nous utiliserons une échelle de 5 points où 1 signifie "pas du tout adéquate" et où 5 signifie "très adéquate".

	Pas du tout adéquate				Très adéquate		
Distribution des fonds	1	2	3	4	5	N/A	NSP
Réalisation de la stratégie (réalise ce à quoi elle s'est engagée)	1	2	3	4	5	N/A	NSP
Coordination	1	2	3	4	5	N/A	NSP
Produits et services	1	2	3	4	5	N/A	NSP
Efficacité générale	1	2	3	4	5	N/A	NSP

24. Quels sont, s'il y a lieu, les zones ou la SNS a connu le plus de succès? Autres zones de succès? ______________________________
____

25. Quels sont, s'il y a lieu, les zones les plus faibles de la SAS? Autres zones de faiblesses? ____

____

26. Le retrait des produits et services de la SNS aurait quel impact sur vos activités courantes? ____________________________________

____

27. Le retrait des produits et services de la SNS aurait quel impact sur vos activités futures? ______________________________________

____

28. Quel a été d'apès-vous l''impacte le plus important de la SNS?

- -

- -

29. Quel est le changement principal que vous recommanderiez, s'il y a lieu, pour améliorer le rôle future du gouvernement fédéral en ce qui a trait au SIDA? ____

____

30. Y a t'il d'autres commentaires que vous aimeriez formuler? Y en a t'il d'autres? ____

____

REMERCIER ET TERMINER

Brighton
RESEARCH
MARKET RESEARCH CONSULTANTS

ID# ______________

NAS II STAKEHOLDER PANEL STUDY (T1)
RECRUITMENT SCREENER
GROUP I

Hello, my name is ____________________ and I am calling from Brighton Research, a research and evaluation firm based in Ottawa. We have been asked by Health Canada to help assess federal efforts related to HIV/AIDS as part of the mid-term review of National AIDS Strategy Phase II. We have been asked to obtain the views of selected individuals and non-governmental organizations active in efforts related to HIV/AIDS.

Your name (The name of your organization) was selected, using a systematic sampling procedure from membership lists and other lists of those who are taking an active part in activities related to HIV/AIDS that were provided by Health Canada and national organizations involved in HIV/AIDS activities.

I would first like to ask if you are or if you can direct me to the person in your organization who is most knowledgeable about your organization's activities **as they relate to education/prevention or care, treatment and support for people living with HIV/AIDS.**

______ SPEAKING: OBTAIN NAME AND TITLE AND NUMBER

____

____

REFERRAL: NAME, TITLE AND NUMBER AND REPEAT ABOVE.

The type of study we are conducting is called a panel study. It consists of obtaining the views of about 100 individuals in different types of activities related to HIV/AIDS at this time.

We will be asking the same individuals the same questions in about a year and a half from now in order to document shifts in views. We are interested in people's views relating to their knowledge and experience regarding the federal governments actions in response to HIV/AIDS. Your views will not

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Date Completed ____________ ID #
Time __________ Interviewer

STAKEHOLDER PANEL STUDY QUESTIONNAIRE

Name of Respondent ______________________________
Title ______________________________
Organization ______________________________
Telephone Number ______________________________
Address ______________________________
____
____
____

IF CALL BACK READ:

Hello, my name is ______________ and I am calling from Brighton Research. As we discussed earlier, we have been asked by Health Canada to help assess federal efforts related to HIV/AIDS as part of the mid-term review of National AIDS Strategy II. We have been asked to obtain the views of selected individuals and non-governmental organizations active in efforts related to HIV/AIDS.

READ CHARACTERISTICS AND ACTIVITIES

I would first like to ask a few questions to get a better idea of the activities you do in response to HIV/AIDS, the specific population you serve, and who provides financial support to you and your organization.

1306 WELLINGTON STREET SUITE 503 OTTAWA CANADA K1Y 3B2 TEL (613) 761-7772 FAX (613) 761-9808 1-800-567-5942

be taken to represent the official views of any organization with which you are identified.

The questions concern topics like the coordination, targeting and implementation of efforts related to HIV/AIDS. This input will be used, along with information from a parallel review of information obtained from government sources, to assess if the Strategy is on target, how well it is doing, and if there is anything else that it should be doing. I would like to assure you that all information provided is completely confidential. It will be used only in aggregate with other interviews to provide feedback on the National AIDS Strategy.

My purpose in calling is to ask if you would be willing to provide your views at this stage, and at the later point in time, in a telephone interview of about 30 - 40 minutes duration at your convenience. No advance preparation is required.

_____ NO: DETERMINE REASONS IF POSSIBLE AND TERMINATE:

____

_____ YES: CONTINUE

I would like to confirm your name, title and telephone number to ensure that we can reach you in about a year and a half from now. (Refer to information obtained on page 1)

____

Would this be a good time to conduct the interview?

_____ YES: PROCEED TO QUESTIONNAIRE

_____ NO: ARRANGE FOR CONVENIENT CALL BACK TIME

____

____

IF ASKED:

- The panel results will be synthesized in the mid-term report along with findings from the internal study. We expect that the report on the mid-term review will be available in the new year.

- We will provide your name to Health Canada so that they may forward a copy of the report to you.

1. Several types of organizations are involved in education/care, treatment and support of persons with HIV/AIDS as well as in HIV/AIDS research and the search for effective vaccines, drugs and therapies. These include for instance, community based organizations, national professional associations, national and provincial organizations, hospitals, universities, clinics, associations, etc. How would you describe your type of organization?

____

2. At which of the following levels are your activities focused?

READ	1	Local
	2	Regional
	3	Provincial/Territorial
	4	National
		Other: ______________________

3. Please tell me which of the following activities are conducted by your organization in response to HIV/AIDS.

READ LIST	1	advocacy
	2	coordination of efforts by others
	3	education
	4	medical services for PWA's
	5	other non-medical services for PWA's
CIRCLE AS MANY AS APPLY	6	counseling
	7	support for persons providing care for PWA's
	8	clinical services to PWA's
	9	laboratory testing
	10	biomedical research
	11	epidemiological work
	12	clinical trials
		other: ____________________
		other: ____________________

4. And from the above activities which one activity would best be described as your organization's primary activity in response to HIV/AIDS

_____ ___________________________________

5. Is there a primary population or client group to which your organization's activities are directed in response to HIV/AIDS?

1 Yes: Who is it ____________________
2 No Please explain ____________________

6. What type(s) of organization(s) provide funding for your efforts related to HIV/AIDS?

READ LIST
1 federal government
2 (Note if NAS II mentioned spontaneously)
3 provincial medical plans
4 other provincial government (e.g. grants)
5 local government
6 membership fees
7 charitable organizations
8 donations
other: ____________________
other: ____________________

IF MORE THAN ONE SOURCE GO TO Q#7, IF ONLY ONE SOURCE GO TO Q#8

7. Which source provides the greatest level of financial support for your efforts in response to HIV/AIDS?

____

For the remaining questions please note that we would like **your personal views** based on your knowledge and experience in relation to HIV/AIDS.

8a) What is your primary area of responsibility in response to HIV/AIDS?

____

8b) Do you personally provide services directly to people having AIDS?

1 Yes ASK Q#8C
2 No GO TO Q#9

8c) What kinds of direct services do you personally provide? Any others?

____

9. The federal strategy responding to HIV/AIDS is called National AIDS Strategy: Phase II, or "NAS:II". It was adopted in 1993 and has various goals. These include stopping the spread of HIV, providing care, treatment and support for people living with HIV/AIDS and searching for effective vaccines, drugs and therapies.

Have you heard of this National AIDS Strategy: Phase II before?

1 YES
2 NO

I would now like to ask a series of questions about the implementation of the NAS II Strategy so far. Part of the purpose is to identify what, if any, changes may be needed in a climate of tight resources. I would like to emphasize that these questions are meant to assess the Strategy itself and how it might be improved and not to evaluate your organization's activities. Please answer all questions from the perspective of your own knowledge and experience in response to HIV/AIDS.

10. To what extent have NAS II funding, products and services been relevant and useful to you? Would you say:

READ LIST
1 Little or no use
2 Some use
3 A great deal of use

Why do you say that? ______________________________

11. How would you rank the availability and usefulness of information about NAS II? Please use a five point scale where "1" means "very poor" and "5" means "excellent".

Availability:	1	2	3	4	5	N/A	DK
Usefulness:	1	2	3	4	5	N/A	DK

12. What influence, if any, has NAS:II had on priority setting in your work? Would you say?

READ LIST 1 no influence
2 some influence
3 a lot of influence

Why do you say that? ______________________________

____

13. To what extent, if at all, do you feel able to provide input to the setting and adjustment of the NAS II agenda and priorities? Please use a five point scale where "1" means "able to provide little or no input" and "5" means "able to provide a great deal of input."

1	2	3	4	5	N/A	DK
Able to provide little or no input				Able to provide a great deal of input		

Any suggestions for improvement?

____

14. How much, if at all, has NAS II helped you to inform other organizations of your findings, results, experience, etc.?

READ LIST 1 it has not helped at all
2 it has helped some
3 it has helped a great deal

Any comments? ______________________________

15. Similarly, has NAS II helped you to become better informed about other organizations' relevant activities?

READ 1 Yes
2 No

16a) Has NAS II helped your organization to fill in gaps in service with other organizations?

READ	1	Yes
	2	No
	3	Not sure

Why do you say that?______________________________

16b) Has NAS II helped your organization to avoid duplication of service with other organizations?

READ	1	Yes
	2	No
	3	Not sure

Why do you say that?______________________________

17. To what extent, if at all, has NAS II provided you with the opportunity to meet with other individuals/organizations also involved in similar/related activities to your own, and to coordinate your activities with them? Would you say:

READ LIST	1	No opportunity through NAS II
	2	Some opportunities
	3	A great deal of opportunities

Do you have any suggestions to improve your ability to coordinate with others? What are they?

____

18. How would you rate the quality of information in your main field of activity disseminated by NAS II? Please use a five point scale where "1" means "very poor" and "5" means excellent for each of the following

	Very Poor				Excellent	
Availability:	1	2	3	4	5	N/ADK
Completeness:	1	2	3	4	5	N/ADK
Timeliness:	1	2	3	4	5	N/ADK
Accuracy:	1	2	3	4	5	N/ADK
Usefulness:	1	2	3	4	5	N/ADK

19. Do you have any suggestions for improving the quality of information from NAS II in your area of work ?

____

____

20. How much, if at all, has NAS II improved your ability to conduct the range of activities you would like to be doing in response to HIV/AIDS? Would you say:

READ 1 it has not helped at all
2 it has helped some
3 it has helped a great deal

Any comments? ______________________________

21. To what extent, if at all, has NAS II helped you to make your services more accessible?

READ 1 it has not helped at all
2 it has helped some
3 it has helped a great deal

Any comments? ______________________________

22a) Do you believe the current balance in the Strategy, for example between research, care and education or other activities, is appropriate?

1	Yes	SKIP TO Q23
2	No	
9	DK	SKIP TO Q23

22b) Why do you say that? (PROBE ON FUNDING, PRIORITIES, PROGRAMMING, ETC.)

____

22c) If you believe that priorities should shift, where should the resources be taken from?

____

23. Overall, at this point in time, how would you rate NAS II in relation to each of the following: the distribution of funding, implementation of the Strategy (e.g. is it doing what it said it would do), co-ordination, products and services it has given, and the overall effectiveness. I will read each in turn. Please use a five point scale where "1" means "not at all adequate" and "5" means "very adequate".

READ LIST:

	Not at all adequate			Very adequate		
Dist. of Funding:	1	2	3	4	5	N/ADK
Implementation:	1	2	3	4	5	N/ADK
Co-ordination:	1	2	3	4	5	N/ADK
Products and services:	1	2	3	4	5	N/ADK
Overall effectiveness:	1	2	3	4	5	N/ADK

24. What thing(s), if any, would you identify as the most successful aspects of NAS II? Anything else?

____

25. What thing(s), if any, would you identify as the weakest parts of the NAS II Strategy? Anything else?

____

26. What impact, if any, would there be on your current activities without NAS II products and services?

____

27. What impact, if any, would there be on your future activities if NAS II products and services ceased to be available?

____

28. What is the single most important change, if any, that you would recommend to improve NAS II?

____

29. Are there any other comments that you would like to make? Any others?

____

As noted earlier, all answers are confidential and will be reported only in combination with others to determine trends, etc. Also, those interviewed will be listed in an Appendix along with the name of their organization where applicable. It will be made clear that all data are based on individuals and not their organizations.

As mentioned earlier, there will be a follow-up interview in about a year to a year and a half to obtain your views on the same questions we have covered here.

In the event that you might be unavailable to complete the second round interview at that time, can you suggest the name of someone in your organization whose activities are similar to your own in relation to HIV/AIDS and who would be willing, if available, to complete that interview?

______ NO THANK AND CONCLUDE
______ YES OBTAIN NAME AND NUMBER

____

Would you be interested in having your name provided to Health Canada in order to receive a copy of the report early in the new year?

1 Yes
2 No

Thank you for your cooperation; it is much appreciated.

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STRATEGIE NATIONALE SUR LE SIDA -- PHASE II
SNS -- PERSONNES IMPLIQUEES -- ETUDE PANEL (T1) QUESTIONNAIRE DE RECRUTEMENT
GROUPE I

Bonjour, mon nom est ____________________. Je suie un counseiller de la maison de recherche et d'évaluation Brighton située á Ottawa. Santé Canada a retenu nos services pour évaluer les efforts fédéraux reliés au domaine du VIH/SIDA, dans le cadre de la révision de mi-mandat de la Strat´gie Nationale sur le SIDA, Phase II. Notre rôle est d'obtenir le point de vue d'individus sélectionnés et d'organisations non gouvernementales actives dans le domaine du VIH/SIDA.

Votre nom (Le nom de votre organisation) a été sélectionné selon une méthode d'échantillonnage systématique à partir d'une liste compilée par Santé Canada. Cette liste contient les noms de personnes et d'organisations qui sont actives dans le domaine du VIH/SIDA.

J'aimerais premièrement vous demander si vous êtes la personne la mieux informée au niveau des activitiés de votre organisation en ce qui concerne **l'éducation, la prévention, les soins, les traitements ou le support apporté aux personnes atteintes du VIH/SIDA.**

____
Nom, titre, numéro de téléphone

Si référe à une autre personne, répétez l'introduction.

Le genre d'étude que nou effectuons tombe dans la catégorie des panels. La présente phase consiste à obtenir l'opinion de 100 personnes actives dans le domaine du VIH/SIDA.

Dans environ 18 mois, nous requestionnerons ces mêmes 100 personnes afin de documenter toute évolution de leur opinion. Nous sommes intéressés à obtenir l'opinion de ces personnes concernant les actions prises par le gouuvernement fédéral par rapport au VIH/SIDA. Votre opinion ne sera pas notée comme étant celle de l'organisation à laquelle vous êtes associé.

Les questions concernent des sujets comme la coordination, le ciblage et la mise en place d'efforts liés au VIH/SIDA. Cet examen aura pour but de déterminer si la Stratégie ne dévie pas de ses objectifs, si les travaux progressent de façon satisfaisante, et si'il faut aborder d'autres problèmes. J'aimerais vous assurer que toutes les réponses que vous nous donnerez demeureront confidentielles. Elles seront intégrées aux autres réponses reçues pour fins d'évaluation de la Stratégie Nationale du Sida.

Le but de mon appel est d'obtenir votre accord comme participant à cette étude dans la phase acutelle et dans une phase ultérieure. Nous vous demanderons votre opinion par l'entremise d'une entrevue téléphone d'une durée de 30 à 40 minutes. Aucune préparation n'est requise.

_____ NON Etablissez les raisions du refus si possible et terminez.
_____ OUI Continuez.

J'aimerais vérifier votre nom, votre titre, et votre numéro de téléphone pur que puissons vous rejoindre environ 18 mois. (Consultez les renseignements obtenus à la page 1.)

Pouvons-nous réaliser l'entrevue immédiatement?

_____ OUI Débutez l'entrevue.
_____ NON Fixez l'heure pour réaliser l'entrevue
____
____

SI DEMANDE:

- Les résultats du panel seront intégrés aux résultats de l'étude interne et seront présentés dans un rapport de mi-période. Le rapport de mi-période sera disponible vers le début de l'an prochain.

- Votre nom sera remis à Santé Canada afin qu'une copie du rapport vous soit expédiée.

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Date complétée _______________ ID#__________
Heure ____________ Intervieweur ____________

STRATEGIE NATIONALE SUR LE SIDA -- PHASE II PERSONNES IMPLIQUEES -- ETUDE PANEL QUESTIONNAIRE

Nom du participant ____
Titre ____
Organisation ____
Numéro de téléphone ____
Adresse ____

SI C'EST UN DEUXIEME APPEL, LISEZ:

Bonjour, mon nom est ___________________ de la maison de recherche Brighton. Tel que mentionné dans notre conversation précédente, Santé Canada a retenu nos services pour évaluer les efforts fédéraux reliés au domaine du VIH/SIDA, dans le cadre de la révision de mi-mandat de la Stratégie Nationale sur le SIDA, Phase II. Notre rôle est d'obtenir le point de vue d'individus sélectionnés et d'organisations non gouvernementales actives dans le domaine du VIH/SIDA.

J'aimerais premièrement vous poser quelques questions dans le but de mieux connaitre la nature de vos activités dans le domaine du VIH/SIDA, la population que vous désservez, et qui vous supporte financièrement ainsi que votre organisation.

1. Plusieurs types d'organisations sont impliquées au niveau de l'éducation, des soins, du traitement et du support aux personnnes atteintes du VIH/SIDA, ainsi que dans la recherche concernant le VIH/SIDA et les vaccins, reméde et traitements de cette maladie. Ces organisations peuvent être de type communautaire, des associations professionelles nationales, des associations nationales et provinciales, les hôpitaux, universités, cliniques, associations, etc. Comment décririez-vous votre type d'organisation?

2. Vos activités se concentrent à quel niveau?

1 Local
2 Régional
3 Provincial
4 National
Autre: ______________________________

3. Veuillez me dire dans lesquelles des activitiés suivantes votre organisation est impliquée en relation avec le VIH/SIDA

LIRE LA LISTE

NOTEZ TOUTES CELLES QUI S'APPLIQUENT

1 Appui à la cause
2 Coordination des efforts des autres
3 Education
4 Soins médicaux aux personnes atteintes du VIH/SIDA
5 Services non-médicaux aux personnes atteintes du VIH/SIDA
6 Conseils
7 Support aux personnes donnant des soins aux séropositifs
8 Services cliniques aux séropositifs
9 Tests de laboratoire
10 Recherche biomédicale
11 Travail dans le domaine de l'épidémiologie
12 Tests cliniques
Autres ______________________
Autres ______________________

4. Parmi les items de cette liste, quelle est celui qui décrit le mieux l'activité principale de votre organisation en rapport avec le VIH/SIDA

____

____

5. Est-ce qu'il y a une population ou un groupe clients prioritaire vers lequel sont dirigés les activités de votre organisation dans le domaine du VIH/SIDA?

1 OUI; Quel groupe: ______________________
2 NON: Veuillez expliquer: ______________________
____

6. Quel genre(s) d'organisation(s) finance(ent) vos efforts dans le domaine du VIH/SIDA?

LIRE LA LISTE
1 Gouvernement fédéral
2 (Notez si la SAS est mentionée spontanément)
3 Régimes médicaux provinciaux
4 Autres sources des gouvernements provinciaux
5 Gouvernement local
6 Frais de membres
7 Organisations charitables
8 Dons
Autres: ______________________________
Autres: ______________________________

7. Quelle est votre principale source de support financier qu niveau de vos activités dans le domaine du VIH/SIDA?

____

Pour toutes les questions qui suivent, veuillez notez que nous sommes interessés à savoir vos opinions personnelles en tant que vos connaissances et votre expérience en relation avec le VIH/AIDS.

8. Quelle est votre responsabilité personnelle principale en rapport avec le VIH/SIDA? ______________________________

____

9. La stratégie fédérale en rapport avec le VIH/SIDA est nommée la STRATEGIE NATIONALE SUR LE SIDA: PHASE II OU SAS II. Elle fut adoptée en 1993 et comporte plusieurs objectifs. Parmi ceux-ci, on retrouve prévenir la propagation du VIH, fournir des soins, des traitements et du support aux personnes atteintes du VIH/SIDA, et la recherche de vaccins, remèdes et de thérapies éfficaces.

Aviez-vous entendu parler de la SNS avant?

1 OUI
2 NON

J'aimerais maintenant vous poser une série de questions concernant la mise en application de la SAS à date. Un des but est d'identifier les changements qui pourraient être nécessaires dans une période de ressources limitées. Il est important de mentionner que ces questions ont pour objectif d'évaluer la Stratégie elle-même et comment celle-ci pourrait être emèliorée. Ces questions n'ont pas pour objectif d'évaluer les activités de votre organisation. Veuillex répondre à toutes ces questions en vous basant sur vos connaissances et votre expérience dans le domaine du VIH/SIDA.

10. Jusqu'à quel point est-ce que les fond, produits et services de la SNS vous été utiles? Diriez-vous qu'ils ont été:

1 De peu ou d'aucune utilité
2 De quelque utilité
3 D'une grande utilité

Pourquoi dites-vous cela? ______________________________
____

11. Comment évaluez-vous la disponibilité et l'utilité des renseignements concernnant la SNS? Pour ce faire nous utiliserons une échèlle de 5 points où 1 signifie "très faible" et où 5 signifie "excellent".

Disponibilité:	1	2	3	4	5	N/A	NSP
Utilit	1	2	3	4	5	N/A	NSP

12. Quel a été l'influence de la SNS dans l'établissement des priorités en rapport avec votre travail? Diriez-vous que la SNS a eu:

1 Aucune influence
2 Une influence
3 Beaucoup d'influence

Porquoi dites-vous cela? ______________________________
____
____
____

13. Jusqu'à quel degré vous croyez-vous capable de contribuer des suggestons à l'ajustement du programme et des priorités de la SNS? Pour ce faire nous utiliserons use échelle de 5 points où 1 signifie "pas du tout capable de contribuer" et où 5 signifie "que vous croyez pouvoir y apporter une très grande contribution".

1	2	3	4	5	N/A	NSP
Pas de capable de contribuer				Très grande contribution		

14. Jusqu'à quel point la SNS vous a t'elle aidé à informer d'autres organisations de vos découvertes, résultats, expériences, etc.?

1 Pas du tout
2 A quelque peu aidé
3 A beacoup aidé

Avez-vous des commentaires? ______________________________
____
____

15. Dans le même sens, la SNS vous t'elle aidé d'être mieux informé des activités des autres organisations?

1 OUI
2 NON

16a) La SNS vous a t-elle permis de remplir certaines lacunes de service laissée par d'autres organisations?

1 OUI
2 NON
3 NSP

Pourquoi dites-vous cela? ______________________________
____

16b) La SNS vous a t-elle permis d'éviter la duplication de services avec d'autres organizations?

1 OUI
2 NON
3 NSP

Pourquoi dites-vous cela? ______________________________
____

17. Jusqu'à quel point la SNS vous a t'elle fourni l'occasion de rencontrer d'autres individus ou organisations oeuvrant dans un domaine semblable à la votre et de coordonner vos activités avec ces personnes ou organisations? Diriez-vous que

1 Il n'y a eu aucune occasion générée par l'entremise de la SNS
2 Il y a eu quelques occasions
3 Il y a eu beaucoup d'occasions

Avez-vous des suggestions qui vous permettraient de mieux coordonner vos activités avec celles des autres? Quelles sont ces suggestions? __________

____

____

18. Comment qualifiez-vous la qualité des renseignements distribués par l'entremise de la SNS dans votre domaine principal d'activité? Pour ce faire nous utiliserons une échelle de 5 points où 1 signifie "très faible" et où 5 signifie "excellent".

	Très faible				Excellent		
Disponibilité							
Information complète	1	2	3	4	5	N/A	NSP
Ponctualité	1	2	3	4	5	N/A	NSP
Précision	1	2	3	4	5	N/A	NSP
Utilité	1	2	3	4	5	N/A	NSP

19. Avez-vous des suggestions qui permettraient d'améliorer la qualité des renseignements de la SNS dans votre domaine de travail?

____

____

____

____

20. Jusqu'à quel point la SNS vous a t-elle permis d'améliorer votre capacité de mener la gamme des activités que vous désirez dans le domaine du VIH/SIDA? Direz-vous que la SNS?

1 Ne vous a pas aidé du tout
2 A aidé quelque peu
3 A beaucoup aidé

Avez-vous des commentaires? ______________________________

21. Jusqu'à quel point la SNS vous a t-elle permis de rendre vos services plus accessibles?

1 Ne vous a pas aidé du tout
2 A aidé quelque peu
3 A beaucoup aidé

Avez-vous des commentaires? ______________________________

22a) Croyez-vous que la présente répartition des efforts au niveau de la Stratégie entre par exemple la recherche, les soins, l'éducation et les autres activités soit appropriée?

1 OUI Allez à la question 23
2 NON
3 NSP Allez à la question 23

22b) Pourquoi dites-vous ce la? (SONDEZ LE FINANCEMENT, LES PRIORITES, LES PROGRAMMES, etc.) ______________________________

____

22c) Si vous croyez que l'on doit modifier les priorités, d'ou doit-on prendre les ressources? ______________________________

____

23. Comment évaluez-vous la performance de la SNS au niveau de chacun des items suivants? Pour ce faire nous utiliserons une échelle de 5 points où 1 signifie "pas du tout adéquate" et où 5 signifie "très adéquate".

	Pas du tout adéquate				Très adéquate		
Distribution des fonds	1	2	3	4	5	N/A	NSP
Réalisation de la stratégie (réalise ce à quoi elle s'est engagée)	1	2	3	4	5	N/A	NSP
Coordination	1	2	3	4	5	N/A	NSP
Produits et services	1	2	3	4	5	N/A	NSP
Efficacité générale	1	2	3	4	5	N/A	NSP

24. Quels sont, s'il y a lieu, les zones ou la SNS a connu le plus de succès? Autres zones de succès? ______________________________

____

25. Quels sont, s'il y a lieu, les zones les plus faibles de la SAS? Autres zones de faiblesses? ____

____

26. Le retrait des produits et services de la SNS aurait quel impact sur vos activités courantes? ____

____

27. Le retrait des produits et services de la SNS aurait quel impact sur vos activités futures? ____

____

28. Quel est le changement principal que vous recommanderiez, s'il y a lieu, pour améliorer la SNS? ____

____

29. Y a t'il d'autres commentaires que vous aimeriez formuler? Y en a t'il d'autres? ____

____

Comme nous le mentionnions au début, toutes vos réponses resteront confidentielles et seront intégrées à celles des autres dans le but d'établir des tendances, etc. De plus, les personnes ayant été interviewées seront enumérées en annexe du raport avec le nom de leur organisation lorsqu'applicable. Il sera clariement indiqué que toutes les données proviennent des individus et non des organisations.

Nous prendrons contact avec vous dans environ 18 mois pour obtenir votre point de vue sur ces même sujets.

Dans le cas ou vous ne seriez pas disponible pour répondre à la seconde phase de cette enquête, pourriez-vous nous donner le nom d'une personne dans votre organisation qui a des responsabilités semblables aux votres en relation avec le VOH/SIDA et qui pourrait compléter la seconde entrevue?

_____	NON	REMERCIEZ ET TERMINEZ
_____	OUI	OBTENEZ LE NOM ET LE NUMERO DE TELEPHONE DE CETTE PERSONNE

APPENDIX "B"
SAMPLING DETAILS
FOR WAVE 1

B.1.3. Sampling Frames and Sampling Strategy

Lists were provided by Health Canada and Correctional Services Canada. These included contact names and names of organizations covering the four segments previously mentioned. Organizations contacted for the purpose of identifying knowledgeable individuals for this panel study are listed in an Appendix to this report. As noted, for sampling purposes, the lists were divided into two broad groups. Group I included organizations or individuals whose activities relate to community-based activities. Group II included organizations or individuals involved in various professional activities and included, for instance. lists of physicians.

Group I
Panellists involved in community-based activities were assigned to Group I. This included 55 of 115 panellists as noted above. In addition, the six interviews to be completed with those affiliated with the five national partners and the Assembly of First Nations were assigned to Group I as were the interviews to be completed with those involved in Corrections (8 panellists) and those affiliated with aboriginals on reserves (13 panellists). Together these totalled 82 of the 115 panellists.

Lists provided by Health Canada and Correctional Services Canada and others yielded a total of 952 possible contacts for Group I. Of this number, 143 were related to those affiliated with aboriginals. These listings were treated as a sub-sample frame to ensure the inclusion of the desired number (13) of panellists related to aboriginals on reserves. The 43 listings of those involved in corrections related activities were also treated as a sub-sample to ensure inclusion of the desired number of panellists (8).

Group II
There were 816 possible contacts in Group II. Thirty-three of the completed interviews were allocated to this group.

B.1.4. Sample Selection

Panellists for each category were chosen for the sample using a systematic sampling procedure. This procedure involved dividing the listing of potential panellists in the category by the desired number of completed interviews. This resulted in cells which each contained several names. A name was chosen randomly from each cell for inclusion in the panel. This procedure yielded the desired number of 115 contact names with the distribution noted above. Only 70 of the originally selected names were eventually reached and interviewed. The other 45 of those initially selected had to be replaced, sometimes with several successive names.

B.1.5. Sample Replacement

Potential panellists had to be replaced for a variety of reasons:

- the target person was unavailable
- the name was a duplicate
- the person was employed by the federal or provincial government
- the individual refused
- The organizational affiliation shown was no longer in existence
- the individual or organization could not be located
- the individual of interest within an organization could not be reached.

At least five telephone calls were made to an individual or organization before a replacement was chosen. When a replacement was required the next name in the cell was chosen. In cases where the cell was exhausted with no resulting completed interview, a new cell was randomly selected and the procedure was repeated. Careful records were kept of all attempts.

In the sub-group of those affiliated with corrections related organizations, a unique situation arose. After a number of attempts to contact certain individuals, it was decided, in conjunction with the client and Correctional Services Canada, that in the event that an individual who should be included on the panel is an inmate of a federal correctional institution, the next name in the cell would be chosen. This approach avoided the Privacy Act issues inherent in attempting to contact individuals in Corrections facilities, and also avoided possible duplication with input that can be provided by inmate committees under the Corrections and Conditional Release Act.

B.1.6. Record of Attempts and Replacements

As stated earlier, several respondents had to be replaced for various reasons. The following is a breakdown of the number of replacements that occurred and reasons for replacement.

REASON FOR REPLACEMENT	# OF RESPONDENTS REPLACED
Designated individual was ineligible as a federal or provincial gov't employee	39
Unable to locate respondent or organization	28
Duplicate name	17
Unable to make contact with respondent (after at least 5 attempts)	11
Designated individual affiliated with National Partner	10
Respondent was unavailable	2
Refusals including:	
Respondent did not feel they knew enough about the issue	2
Respondent wanted payment	1
Respondent no longer works in AIDS	1
No reason given	1
Desire to use other avenues	1
Organization has disbanded	1
Number was disconnected	1
Total Replacements	115

Coincidentally, it required 115 replacements, as noted above, in order to complete the 45 panellist interviews called for in the evaluation design that were replacements from the original sample of 115.

APPENDIX "C"
LIST OF PANELLISTS
WAVE 2

LIST OF PANELLISTS: WAVE 2

Dr. Michel Alary
Quebec

Darcy Albert
Toronto

Barbara Ames *
Whitehorse

Jean Barabé
Montreal

Violet Bates
Chisasibi

Sharon Baxter
Ottawa

Jim Bennett
Surrey

Victoria Bonspille
Kanesatake, Oka

Madelaine Boscoe
Winnipeg

Roger Bullock
Toronto

Cathy Burns *
Edmonton

Dr. Liviana Calzavara
Toronto

Line Carreau *
Rouyn-Noranda

Alastair Clayton
St. Lambert

Carol Clememhagen
Ottawa

Dr. Eric Cohen
Montreal

Dr. Richard Cooke *
Waterloo

Bibiane Courtois
Mashteviatsh

Paul Cummings
Peterborough

Joanne Daniels *
Edmonton

Dr. Deborah Danoff
Montreal

Bill Davidson
Calgary

Ron De Burger
Ottawa

Barry Deeprose
Ottawa

Tony De Souza
Toronto

Meconnen Desta
Toronto

Jeff Dodds *
Saskatoon

Karen Exchange
Jasper

Marilyn Fleger *
Edmonton

Alain Gariépy
Laval

David Garmaise
Ottawa

Sylvain Gauthier *
Québec

Ralph Germinario
Montreal

Grace Getty
Fredericton

Dr. John Gill
Calgary

Olive Godwin
Prince George

Rhoda Grey
Ottawa

Dr. Larry Guilbert
Edmonton

Angelica Gutierrez
Vancouver

Grace Guyon
Edmonton

Romona Haines *
Prince Rupert

Dr. David Hasse
Halifax

Barbara Hill
Kingston

Daniel Holinda
Calgary

Mark Horn
Kahnawake

Lisa Hum
Montreal

Keitha Kennedy
Regina

Paul Kenney
Toronto

Dr. Susan King
Toronto

Dr. Alan King
Kingston

Francine Knoops *
Ottawa

Pam Krause *
Calgary

Lesley Labobe
Charlottetown

Christian Laforce *
Montréal

Josée Landry *
Bécancour

Wayne Lapelle
Notre Dame du Nord

Dr. Normand Lapointe
Montreal

Danielle Laurin
Montreal

Amanda Lea
Vancouver

Marc Andre Leblanc
Moncton

Jeanette Lynxley
Shortdale

Jean MacQueen
Sydney

Mr. John MacTavish
Kingston

Pat Mandle
Whitehorse

Linda Manzon
Castlegar

Rick Marchand
Vancouver

Jeanine Marchewan
Rapid Lake

Ann Matte
Sudbury

Anne Maxwell
Ottawa

Judy McGuire
Vancouver

Murielle McVey *
Toronto

Réal Meilleur
Montreal

Judith Meinert
Saint John

June Merasty
Prince Albert

Jannie Mills
Toronto

Dr. Peggy Millson
Toronto

Marcia Mirastry *
Meadow Lake

Doris Veilleux-Morrison
Sudbury

Dr. M. O'Shaughnessey
Vancouver

Pierre Pagé
Montreal

Michel Parenteau
Montreal

David Phipps
Toronto

Lise Pinault
Montreal

Rui Pires
Hamilton

Jacqueline Preyde
Lethbridge

Dr. Janet Raboud
Vancouver

Trudy Reid
Whitby

Dr. Michael Reider
London

Michel Richard
Joliette

Dr. Diane Riley
Toronto

Dr. Pierre Robillard
Montreal

Dr. Jocelyne Rowe
Montreal

Charles Roy *
Toronto

Dr. Martin Schechter
Vancouver

Carolyn Shisshelski
Don Mills

Patricia Shotten
Ottawa

Pat Stutz
Banff

Elaine Sussey
Fredericton

Heather Syren
Edmonton

Judith Tansley
Toronto

Darlene Taylor
Duncan

Lise Thibodeau
Laval

Betty Anne Thomas
London

Dr. Bill Thompson
Moncton

Andrea Toepell
St. Catherines

Millicent Toombs *
Ottawa

Dr. Mark Wainberg
Montreal

Peter Warren
Calgary

Dr. Mike Weaver
Richmond

Donna Wilson *
Vancouver

Gerard Yetman
St. John's

Geoff Zaparinuk
Whitehorse